**Dog and Puppy Schedule**

Complete the following pages in full and email to info@allanimalpetcareservices or give to your pet consultant at initial visit.

**Owner Information**

|  |
| --- |
| Dates of Service |
| First Name | Last Name | Email |
| Home Address |
| Home Phone | Cell #1 & Name: Cell #2 & Name: | Preferred Phone[ ]  Home [ ]  Cell #1 or [ ]  #2 |
| Emergency Contact (Name and best phone number. We will only call this individual if we cannot reach you.) |
| Vet Name and Phone Number (For emergency purposes only.)  |
| For safety and security purposes, we will take a picture of your pet upon arrival and departure. Would you like your pet professional to send you a copy of the pictures? [ ]  No [ ]  Yes. Email to OR [ ]  Yes. Text to |
| How many dogs will we be caring for? How many total pets will we be caring for? ­­ If you have a cat, please complete the Cat and Kitten Schedule. If you have another type of domestic pet (reptile, guinea pig, bird, fish, etc.) complete the Other Domestic Pet Schedule.  |
| Should an “accident” occur, may we use cleaning supplies? [ ]  Yes [ ]  NoWe bring supplies with us including Nature’s Miracle Cleaner, a natural cleaner. May we use that? [ ]  Yes [ ]  NoIf you prefer we use your supplies, please provide name(s) and location of the supplies including scrub brushes, towels, etc. |
| Do you use a radio or television to comfort your pets while you’re away? [ ]  Yes [ ]  NoSpecial instructions |
| Would you like any lights left on? If yes, where?  |
| Are you experiencing any behaviors we should be aware of (i.e. chewing, destruction, aggressiveness, urination etc.) |
| Precautions (other dogs, people, scared of) |
| Other information of importance |

Client Printed Name

Client Signature Date

**Complete a form for each dog/puppy.**

**Dog/Puppy Information**

**Please complete this section for each dog/puppy. If the info is the same for each dog, write same. If not applicable, write NA. If you have other domestic/exotic pets receiving care, please complete the associated forms found at the web site.**

|  |  |  |
| --- | --- | --- |
| Dog Name | [ ]  Male [ ]  Female |  [ ]  Neutered [ ]  Spayed |
| Breed | Color/Markings | Microchipped [ ]  Yes [ ]  NoIf yes Chip #  |
| While you’re not at home, is your dog… [ ]  Caged. Where and # of hours [ ]  Run of the house (any limits?)  |
| Food and water location Feeding time(s)Feeding Instructions (name of food/brand, amount, special instructions)  |
| Treat Instructions (special instructions, preferred time, location etc.) |
| Medication #1 Name Medication #2 Name Medication #3 Name  | Dosage for Med #1 Dosage for Med #2 Dosage for Med #3  | Time for Med #1Time for Med #2 Time for Med #3  |
| Instructions for medications (location of meds and dispensers, pilled or oral, special instructions to help your pet take his/her meds). Make sure all meds are marked properly with your dog’s name.  |
| Favorite toys and games (what type of interaction does your dog like) |
| What commands does your dog know? |
| What is your walk route and location of leash and collar/harness. (Note: All dogs must be collared/harnessed and leashed outside unless yard is equipped with an underground fence in which case the corresponding collar must be used.) |
| What is your dog/puppy’s bathroom schedule? Is your dog/puppy fully housebroken? [ ]  Yes [ ]  No Tell us where you pet prefers to “go” and at what time(s). Do you use “puppy pads?” [ ]  No [ ]  Yes Where are they located? Special cleaning instructions  |

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