**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  No  We bring supplies with us including Nature’s Miracle Cleaner, a natural cleaner. May we use that?  Yes  No  If 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  No  Special 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  No  If 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 #1  Time 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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