

## **Pet Care Information (Cat)**

**Please print; attach photo**

Do one form for each pet. If you need more room, use the back of this form.

Pet's name: \_\_\_\_\_

Pet is friendly and approachable: (yes)\_\_\_\_ (no)\_\_\_\_ Has micro chip: (yes)\_\_\_\_ (no)\_\_\_\_

Pet's favorite place in the house: \_\_\_\_\_ Favorite toy: \_\_\_\_\_

Where pet sleeps: \_\_\_\_\_

### **Pet's Daily Needs**

1. Location of food: \_\_\_\_\_

2. Serving size and feeding schedule: \_\_\_\_\_

3. Location of medications and schedule/directions: \_\_\_\_\_

4. Location of litter box: \_\_\_\_\_

5. How often it is changed: \_\_\_\_\_

6. Cat is indoor only: \_\_\_\_ Cat is outdoor only: \_\_\_\_ Cat is indoor and outdoor \_\_\_\_

If both, schedule of when pet goes out/in: \_\_\_\_\_

7. Special Instructions for daily care: \_\_\_\_\_

8. Groomer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

9. Boarder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **EMERGENCY INFORMATION**

### **Emergency Pet Care Contacts**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If someone needs to make a decision about surgery, long term care, etc. for the pet, call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Medical Forms** (location or attached)

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Permission to Treat**

I, (owner's name) \_\_\_\_\_ give  
(name of emergency contact #1) \_\_\_\_\_ or  
(contact #2) \_\_\_\_\_ permission to secure emergency  
medical treatment for my pet in my absence. Owner's signature: \_\_\_\_\_