**Other Domestic Pet, Exotic Pet, or Chicken Schedule**

Complete the following pages as it pertains to your animal(s) (non-dog, non-cat domestic, exotic, or chickens) 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/animals upon arrival and departure. Would you like your pet professional to send you a copy of the pictures?  No  Yes. Text to OR  Yes. Email to | | |
| How many (non-cat, non-dog) domestic/exotic/chickens will we be caring for? How many total pets/animals will we be caring for? ­­  If you have a cat or dog, please complete the Cat and Kitten Schedule or the Dog and Puppy Schedule. | | |
| Do you use a radio or television to comfort your animals 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.) | | |

**Use the following pages and complete a form for each non-cat, non-dog domestic, exotic, or flock of chickens.**

**Domestic/Exotic/Chickens Information**

**Please complete and sign a separate form for each non-cat, non-dog domestic or exotic pet (unless living in the same habitat). If you have a dog or cat receiving care, please complete the associated forms found at the web site.**

|  |  |  |
| --- | --- | --- |
| Owner | Address | |
| Pet Name(s) | Type of Pet | Color/Markings |
| Where is/are the animal(s) located in the house or outside?  Do the animals share a habitat?  No  If yes, with who | | |
| Feeding Instructions (name of food/brand, amount to be given, location of food, treats, special instructions) | | |
| Where is your extra bedding and cleaning tools?  (House pets) May we vacuum up any excess litter/bedding?  No  Yes. Location of sweeper/tools.  Where should we dispose of litter (i.e. outside garbage)  Please provide instruction on how and when you would you like the cage cleaned (use newspaper, use cedar chips; clean completely each day; spot clean each day, etc. | | |
| Medication #1  Pet  Medication #2  Pet | Dosage for Med #1    Dosage for Med #2 | Time for Med #1    Time for Med #2 |
| 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 pet’s name. | | |
| Precautions (other animals, people, scared of) | | |
| Other information of importance (toys, games, special handling instructions). | | |

Client Printed Name

Client Signature Date