

Pam's Pet Care – Vacation Care

Guardians:

Address:

Phone:

E-mail:

Doorman? Y/N Alarm? Y/N

Pet(s)
(type, sex, age,
& name)

Anticipated Visitors to Home While Away:

**Veterinarian/
Phone:**

Feeding/ other care instructions and notes:

Type of Service:
Service Begins:
Service Ends:

Locations:

Carrier

Brush

Food/Water Dishes

Food

Water (X)

Tap Filtered Bottled

Medications

Treats

Litter Box(es)

Litter Scoop

Toys

Cleaning aids

Broom/dustpan

Put mail

Plants to water

Emergency Contact:

Name:

Location:

Phone:

Keys – MUST TEST

Mark One: (X)

- Use Code Leave in Client's
Home After Sit
 Client Present Other (describe)
 Drop Off
 Keep for Future Sits

Back-up entrance/exit: