

# Animal Information

## CATS

- Name:
  - Age:
  - Color/Markings:
  - Spayed/Neutered? Yes No
  - Vaccinated? Yes No
  - Microchipped? Yes No
  - On Medications? Yes No
  - Special needs:
  - Hiding places:
  - Goes outside? Yes No
  
- Name:
  - Age:
  - Color/Markings:
  - Spayed/Neutered? Yes No
  - Vaccinated? Yes No
  - Microchipped? Yes No
  - On Medications? Yes No
  - Special needs:
  - Hiding places:
  - Goes outside? Yes No
  
- Name:
  - Age:
  - Color/Markings:
  - Spayed/Neutered? Yes No
  - Vaccinated? Yes No
  - Microchipped? Yes No
  - On Medications? Yes No
  - Special needs:
  - Hiding places:
  - Goes outside? Yes No

**Strays/Ferals:**

- Name:
  - Approximate Age:
  - Spayed/Neutered? Yes No
  - Color/Markings:
  - On Medications? Yes No
  - Special needs:
  - Hiding places:
  
- Name:
  - Approximate Age:
  - Spayed/Neutered? Yes No
  - Color/Markings:
  - On Medications? Yes No
  - Special needs:
  - Hiding places:
  
- Name:
  - Approximate Age:
  - Spayed/Neutered? Yes No
  - Color/Markings:
  - On Medications? Yes No
  - Special needs:
  - Hiding places:

## Dogs

- Name:
  - Age:
  - Color/Markings:
  - Spayed/Neutered? Yes No
  - Vaccinated? Yes No
  - Microchipped? Yes No
  - On Medications? Yes No
  - Special needs:
  
- Name:
  - Age:
  - Color/Markings:
  - Spayed/Neutered? Yes No
  - Vaccinated? Yes No
  - Microchipped? Yes No
  - On Medications? Yes No
  - Special needs:
  
- Name:
  - Age:
  - Color/Markings:
  - Spayed/Neutered? Yes No
  - Vaccinated? Yes No
  - Microchipped? Yes No
  - On Medications? Yes No
  - Special needs:

# MEDICATIONS

Location of All medications:

Location of Veterinary records:

## **Pet Name:**

- Medication:
- Dose:
- Frequency:
- Special Instructions:

## **Pet Name:**

- Medication:
- Dose:
- Frequency:
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## **Pet Name:**

- Medication:
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## **Pet Name:**

- Medication:
- Dose:
- Frequency:
- Special Instructions:

## **General Info:**

- Litter pans and supplies are in:
  - Litter is flushable? YES NO
  - Extra toys, collars, food, bowls, etc are in:
  - Extra pet blankets and beds are in:
  - Is yard fenced? Any loose boards or places they can dig out? Any skunks or wildlife to worry about?
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- Names of neighboring dogs and cats:

## **Veterinarian Information:**

### Primary Vet:

- Name:
- Location:
- Phone:

### Backup Vet:

- Name:
- Location:
- Phone:

### Nearest 24-hour Emergency Clinic

- Name:
- Location:
- Phone:

## Morning Tasks

- Dog potty break pronto!
- **Wet food and Medications**
- Scoop Litter
- Top up dry food
- Change water bowls
- Put out fresh food and water for ferals/strays
- Put out bird food, fill bird bath

## MidDay

- Dog potty break
- Treats

## Evening Pet Tasks

- Dog potty break pronto!
- **Wet food and Medications**
- Scoop Litter
- Top up dry food
- Change water bowls
- Put out fresh food and water for ferals/strays

## **Additional Info for House/Pet Sitters**

Garbage and Recycling Day(s):

Garage keypad code:

WIFI Name and Password:

Mail:

Plants:

Parking: