**Fowl & Domestic Bird Care 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. Text to OR  Yes. Email to | | |
| How many total animals will we be caring for?  Please indicate how many of each type:  If you have dogs, cats, or domestic pets please complete the corresponding care schedules. | | |
| 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? | | |

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| Feeding Instructions (name of food/brand, amount, location of food; special instructions) |
| Other special instructions (cleaning and bedding; in/out schedule; pool cleaning/refill, etc.) |

Client Printed Name

Client Signature Date