**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**

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| 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 [ ]  NoSpecial 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