**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 [ ]  NoSpecial 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