



Tender Loving Pet Care – Pet Care Information

Please complete one Pet Care Information form per pet.

Owner: _____	Pet Name: _____
Length of Time Owned: _____	Pet Type: Dog/Cat/Horse/Bird _____
Breed: _____	Sex: M/F Declawed Y/N Neutered Y/N
License #: _____	Microchip/Tattoo #: _____
Physical Description (if similar to another): _____ _____ _____	Birth date: _____ Or Age: _____ Weight: _____ Size: _____ Aggressive behavior/Aversions to anything: _____ _____ _____

Feeding Instructions:

__ Feed apart from other pets/supervise __ Dispose of uneaten food __ Remove food after __ minutes

Dry Food Location: _____

Brand: _____	Morning: _____	Procedure: _____
Measure with: _____	Afternoon: _____	_____
Amount: _____	Dusk: _____	_____
Where to feed: _____	Night: _____	_____

Wet Food Location: _____

Brand: _____	Morning: _____	Procedure: _____
Measure with: _____	Afternoon: _____	_____
Amount: _____	Dusk: _____	_____
Where to feed: _____	Night: _____	_____

Medication(s):

Name: _____	Morning: _____	Procedure: _____
Location: _____	Afternoon: _____	_____
Amount: _____	Dusk: _____	_____
Hide in Treat: _____	Night: _____	_____

Medication(s):

Name: _____	Morning: _____	Procedure: _____
Location: _____	Afternoon: _____	_____
Amount: _____	Dusk: _____	_____
Hide in Treat: _____	Night: _____	_____

Water: __ Tap __ Bottled __ Filtered __

Food Dish location: _____ Water Location: _____

Treats: Name: _____ Amount: _____ Location: _____
How many times given: _____ Notes: _____

Location of litter boxes: _____ Location of litter: _____
Location of Grooming Supplies: _____
Location of Collar & Leash: _____
Location of Toys: _____
Location of Cat Carriers: _____

Pet's Living Area:

___ Not allowed outdoors at all ___ Only allowed outdoors on leash ___ Invisible fenced yard with collar
___ Secured Fence ___ Allowed on furniture ___ Crate pet when alone ___ Restrict pet at all times

Restricted area/Crate Location: _____

Pet Medical History: (ongoing or reoccurring known illness/injuries, treatments & medication)

Favorite Games, Toys and Activities: _____

Any Allergies: _____

Comments/Notes: _____
