



Animal Care Australia

## Pet Care INSTRUCTIONS - THANKS FOR TAKING CARE OF:

Pet's Name:	Age:
Microchip/Identification No:	Pic No:
Species/breed:	Colour:

### OWNER DETAILS:

Name:
Address:
Phone:

### VETERINARY DETAILS:

Name:
Address:
Phone:

### MEDICAL INSTRUCTIONS

Allergies:
Medications:
Medical Appointments:
Pre-existing conditions:
Any behaviour/temperament/quirks?

### INSTRUCTIONS

Meals and snacks:
Exercise schedule:
Special needs (favourite toy/requires a rug or blanket/etc):

### ADDITIONAL INFORMATION


Neighbor or friend:	Phone:
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We give you permission to authorise emergency medical care for our pet(s) as deemed necessary by a veterinarian, and we will be responsible for full payment of such care.

YES    NO    CALL US FIRST    Signature: \_\_\_\_\_