

@HOME PET CARE, Mobile Tel. (512) 947-2273 or (512) 947-CARE

**Please complete, sign, copy & return this form to @HOME PET CARE prior to your departure.
Thank you for letting us serve your pets and you. Have a pleasant time!**

Leaving Home:	Date:	Time:	___ AM	___ PM
Returning Home:	Date:	Time:	___ AM	___ PM
NOTE: If your return is delayed, please call us so we can ensure your pets are taken care of.				
PET OWNERS:	Name 1:	Name 2:		
Home Address (Where your pets reside):		Home Phone #:		
		Mobile Phone #:		
While you're away... (If info is available)	Phone #:	e-mail:		
		Mobile Phone #:		
Address while away (if available):				
YOUR PETS' VETERINARIAN:	Name of Vet Hospital:	Name of Vet:		
Address of Vet Hospital:		Vet's Phone #:		
CONTACT NAME, IN CASE OF EMERGENCY:		Home/Office Phone #:		
		Mobile Phone #:		
YOUR PETS:	(For additional pets, please copy this sheet.)			
1ST PET		2ND PET		
Name:		Name:		
Cat ___ / Dog ___	Female ___ / Male ___	Cat ___ / Dog ___	Female ___ / Male ___	
Breed:	Age:	Breed:	Age:	
Color:	Weight:	Color:	Weight:	
Medication: 1. _____ 2. _____		Medication: 1. _____ 2. _____		
1. Amount/Frequency: _____/_____		1. Amount/Frequency: _____/_____		
2. Amount/Frequency: _____/_____		2. Amount/Frequency: _____/_____		
1. Food Brand & Type:		1. Food Brand & Type:		
Meals/Day: ___, Times of Day: _____		Meals/Day: ___, Times of Day: _____		
Qty/Meal: _____		Qty/Meal: _____		
2. Food Brand & Type:		2. Food Brand & Type:		
Meals/Day: ___, Times of Day: _____		Meals/Day: ___, Times of Day: _____		
Qty/Meal: _____		Qty/Meal: _____		
Water from (tap, etc.): _____		Water from (tap, etc.): _____		
Freq. of Change/Day: _____		Freq. of Change/Day: _____		
Walk – What Time & X / Day: _____		Walk – What Time & X / Day: _____		
How Long Each Time? _____		How Long Each Time? _____		
Scoop-Up Instructions:		Scoop-Up Instructions:		
WATER INDOOR PLANTS:	Instructions:			
OTHER SERVICES:	Bring in Mail? ___	...Newspaper? ___	Take Out Garbage Day? ___	
SPECIAL NOTES....				
By signing below, I authorize @HOME PET CARE to enter my premises for the purpose of taking care of my pets while I am away. Furthermore, in case any of my pets require emergency medical attention, I agree to reimburse @HOME PET CARE for related expenses.				
Owner's Signature: _____		Date: _____		
Owner's Name (Printed): _____				