

Inventory/Profile of Pets and Health Care Instructions

***My pets are not to be surrendered to an animal control facility, shelter, or rescue.**

*In Case of Emergency where I am unable to care for my pet or pets due to accident, illness, injury, incapacitation, or death, please contact the designated agent or alternate agent listed in the attached Durable Power of Attorney for Pet Care.

Owner's Name _____ Address _____

Phone _____ email _____

Pet

- Specify if Dog, Cat, etc. _____
- Breed: _____
- Sex _____ Spayed or Neutered Yes No
- Color _____
- Distinguishing Characteristics or Markings _____
- Call Name _____
- Date of Birth _____ Current Age _____
- AKC Registration Number _____
- AKC Registered Name _____
- Microchip Number _____
- Breeder's name and phone _____
- Veterinarian's name, address, and phone: _____

- Pet Insurance Information: _____
- List of Medications and dosage (specify how to be administered-pill pocket, w/food): _____

- Dietary Restrictions (including allergies, distilled water/reverse osmosis, etc.): _____

- Feeding Instructions (Specific food to feed, amount, time of day, in crate/ feeder) _____

- Daily Activity, Exercise, or Routines to Maintain: _____

- Special Instructions or Safety Considerations (fenced yard, high prey drive, anxiety, dog aggression or reactivity, not good with children, not good with cats or small dogs, etc.): _____

- Crating Instructions (crate mat, no collar, times crated, command given, etc.): _____

- Items to take and instructions for use (Crate, bedding, food bowls, collars, leashes, toys): _____
