



# Pet Care Instructions:

Pet's name: \_\_\_\_\_

Color/description: \_\_\_\_\_

Feeding schedule:

A.M. Dry food. Time: \_\_\_\_\_ Canned food. Time: \_\_\_\_\_

P.M. Dry food. Time: \_\_\_\_\_ Canned food. Time: \_\_\_\_\_

Medications. Time: \_\_\_\_\_ Dosage: \_\_\_\_\_

Litter box schedule: \_\_\_\_\_

Other: \_\_\_\_\_

Contact info: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Vet contact: \_\_\_\_\_

Emergency vet: \_\_\_\_\_

**Emergency medical care authorization:**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(pet's owner) (pet sitter)

to seek medical care for \_\_\_\_\_ should he/she require it while in the care of  
(pet's name)

the above designated party. I will be responsible for any expenses incurred.

This authorization is valid from \_\_\_\_\_ until \_\_\_\_\_.  
(date) (date)

\_\_\_\_\_  
Owner's signature and date