

PET CARE PLAN

PET DETAILS

Name:

Species:

Breed:

Color/Markings:

Date of Birth:

Gender:

Microchip # (if applicable):

Owner's Name:

Phone:

Email:

Address:

VETERINARY INFO

Primary Vet Name:

Clinic Name:

Clinic Address:

Clinic Contact Phone:

Emergency Vet Contact:

INSURANCE INFO

Provider:

Policy Number:

Coverage Details:

DAILY CARE INSTRUCTIONS

Feeding Schedule

Food Brand/Type _____

Portion:

Times of Day:

Water

Ensure pet has access at all times. Refill at least _ times per day.

Exercise

Exercise Type _____

Duration:

Frequency:

Exercise Type _____

Duration:

Frequency:

Grooming

Brushing

Frequency:

Bathing

Frequency:

Nail Trimming

Frequency:

MEDICATIONS

Medication 1: _____

Dosage:

Frequency:

Medication 2: _____

Dosage:

Frequency:

Medication 3: _____

Dosage:

Frequency:



DOCSBAG

PET CARE PLAN

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BEHAVIOR & TEMPERAMENT

General Disposition

Triggers or Stressors

Favorite Activities/Toys

Commands Known

Additional Notes/Special Instructions

HEALTH & SAFETY

Please review the **Pet Medical Information Record** for more details about allergies, medical conditions, and medical history.



PET CARE PLAN

ROUTINE CHECKLIST

Morning

Afternoon

Evening

Weekly Tasks

Additional Notes/Special Instructions

