How to Take Care of:

Bathroom & Exercise Meals Food: Typical Bathroom Habits: Bathroom Break Times: Meal Times: Typical Exercise Routine: Portions: Other Details: **Bedtime & Other Details** Where does your pet usually sleep? **Medical** Medications: Any bedtime rituals? Frequency: Does you crate your dog? When and how? Allergies: Is there anything else unique that someone should know? Other Important Details:

Contact Information

Your Cell Phone #: Veterinarian: Your Medical Emergency Contact: **Emergency Veterinarian:**

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