



PET NAME: _____

OWNER(S) NAME(S) _____

TELEPHONE NUMBER _____

ADDRESS, CITY, STATE, ZIP _____



DIETARY INFORMATION

_____ MEALS PER DAY M A E N _____
BRAND OF FOOD _____ HOW MUCH PER MEAL? _____

IT IS THE RESPONSIBILITY OF THE OWNER TO ENSURE ENOUGH FOOD IS AVAILABLE WHILE YOU ARE AWAY. IF THE FOOD RUNS OUT, E-Z PET CARE WILL PICK UP ADDITIONAL FOOD FOR \$20.00 PLUS THE COST OF THE FOOD.



MEDICAL INFORMATION

DOES YOUR PET TAKE ANY PRESCRIPTION MEDICATIONS, INJECTIONS, VITAMINS OR INJECTIONS?
☐ YES ☐ NO

NAME	DOSE	FREQUENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____

IT IS THE RESPONSIBILITY OF THE OWNER TO ENSURE ENOUGH MEDICATION IS AVAILABLE WHILE YOU ARE AWAY. IF THE MEDICATION RUNS OUT, E-Z PET CARE WILL PICK UP ADDITIONAL MEDICINE FOR \$20.00 PLUS THE COST OF THE FOOD.



VETERINARY INFORMATION

_____ VETERINARY HOSPITAL

_____ TELEPHONE NUMBER

_____ ADDRESS, CITY, STATE, ZIP



EMERGENCY CONTACT

_____ CONTACT NAME

_____ TELEPHONE NUMBER



BY SIGNING BELOW, I CERTIFY ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY GRANT E-Z PET CARE PERMISSION TO ENTER MY PROPERTY AND ADMINISTER ANY PRESCRIPTION MEDICATIONS, SUPPLEMENTS, VITAMINS, INJECTIONS OR ANY OTHER LISTED MEDICAL SERVICES ABOVE. I AGREE TO HOLD E-Z PET CARE HARMLESS FOR ANY AND ALL LIABILITIES AND CLAIMS ARISING FROM THESE ACTIVITIES.

_____ OWNERS NAME PRINTED

_____ OWNERS SIGNATURE

_____ DATE