

K-9 Retreat – Pet Feeding & Medication Instruction

PM

Please complete one Pet Feeding & Medication form per pet Please complete one Pet Information Disclosure form per pet							
Owner:				Pet Name:			
				Pet Type:		Dog	
Breed:				Sex: M/F		Neutered: Y/N	Spayed: Y/N
License #:				Microchip/Tattoo/Dog Tag #:			
Physical Description (if similar to another):				Birth date:			Or Age:
				Weight:			Or Size:
Feeding Instructions Feed apart from other pets/supervise Dispose of uneaten food Remove food after Minutes							
☐ Dry		Brand:				Morning	Procedure:
		Measure with:			Afternoon		
		Amount:			┦┝	☐ Dusk ☐ Night	
□ Wet		Where to feed: Brand:			 -	Morning	Procedure:
		Measure with:			┪╞	Afternoon	Troccure.
		Amount:				Dusk	
		Where to feed:			ŢL	☐ Night	
☐ Medication(s):		Amt:				Morning	Procedure:
		Administered:]	Afternoon	
					1	☐ Dusk ☐ Night	
☐ Medication(s):		Amt:			Ī	Morning	Procedure:
		Administered:			1 [Afternoon	
		Aummstered.			┥╞	Dusk	
			Water will be		<u>L</u>	Night Tap	
☐ Water				ined and	╽┟	Bottled	
				d frequently	<u>ַ</u>	Filtered	
		Type:			N	lotes:	
☐ Treats		Amt:					
Pet's Living Area:							
☐NOT allowed outdoors at all ☐ONLY allowed outdoors on leash ☐Turn out, invisible fenced yard with collar				☐ Allowed on furniture, counters, beds ☐ Restrict pet area/crate only when pet is alone ☐ Restrict pet area/crate at all times			
Turn out, secure fence Turn out, no fence, but doesn't leave yard				Restricted Area/Crate Location: Other off-limit areas:			