

HOW TO USE THIS FORM:

This pet care plan is to be utilized during the Covid-19 crisis in preparation to cover the care of your pet should you become too ill to do so. New clients need to complete all online paperwork listed on our website www.at-home-kennels.com and contact us by phone 520-722-3162 to set up an account. Previous clients with an active account should update At-Home Kennels with current vaccination records to allow for a smooth transition should the need arise. Vaccination records can be emailed to athomekennelstucson@gmail.com or faxed to 520-722-0955.

Print and complete the Pet Care Plan. Leave the completed form and any additional attachments in an open area where it can be easily seen. It would be recommended to put all documents in a clearly labeled folder for organization and easy access. Discuss with trusted friends or family members the plan for care should you get sick. Give them instructions or copies of the Pet Care Plan.

If you have any questions or concerns, please contact us at 520-722-3162. We truly hope everyone stays healthy and safe. We hope no need will arise for the use of this form, but we understand during this time of crisis, all the unknowns have left us to plan for the unexpected. We are here for your support. Should your pet come into our care, know our team will provide them with lots of love and attention so you can focus on a full recovery.

At-Home Kennels Team

Pet Care Plan

Personal Information

Name of Pet Owner: _____

Phone: _____ Email: _____

Address: _____

In the event of an emergency or illness, please contact and transport my pet to

At-Home Kennels

9575 E. Millmar Rd 85730

Phone: 520-722-3162

www.at-home-kennels.com

Individual Pet Identification

Pets Name: _____ Species: _____

Breed: _____ Weight: _____

Microchip ID: _____

Diet

Brand: _____

Quantity fed each feeding: _____ How often fed: _____

Additional feeding instructions:

Health

Please attach a copy of current vaccinations

Veterinarian: _____

List of all current medications with administration instructions:

List of ailments or health problems (arthritis, hip dysplasia, heart murmur, etc):

List any behavioral issues (digs, chews, escape artist, etc):

Emergency Contact Information

Please contact the following in case of an emergency with my pet. Any names listed are authorized to make decisions on my behalf including medical or well being if I am unable to be contacted or if I pass away while my pet is in the care of At-Home Kennels. (Please discuss your wishes with the authorized individual(s) and notify if your pet has a caretaker named in a legal will and testament).

- 1) _____ Phone _____
- 2) _____ Phone _____
- 3) _____ Phone _____

I, _____, authorize At-Home Kennels to charge balance of services every two weeks to the credit card information below. Upon departure of my pet, any remaining balance will be charged on the day of departure.

Type of Card: _____ Expiration Date: _____
Name on Card: _____ CVC: _____ Zipcode: _____
Card Number: _____

Printed name of Pet Owner: _____

Signature of Pet Owner: _____ **Date:** _____