

Cage Label

Emergency Contact: _____

Special Needs:

Circle the following as they apply:

Puppy Kitten Fleas/Parasites: _____ Own Food Own Bed

Feeding: Free feed 1X 2X 3X Pick up On: _____ Bath on: _____

List any items left with animal:

Date														
Weight														
Condition														
Appetite 1 - 4	/	/	/	/	/	/	/	/	/	/	/	/	/	/
BM - N, S, D or -	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Urination + or -	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Walk	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Comments:

Date													
Weight													
Condition													
Appetite 1 - 4	/	/	/	/	/	/	/	/	/	/	/	/	/
BM - N, S, D or	/	/	/	/	/	/	/	/	/	/	/	/	/
Urination + or	/	/	/	/	/	/	/	/	/	/	/	/	/
Walk	/	/	/	/	/	/	/	/	/	/	/	/	/
Comments:													

Check Out List - initial all items that you are returning to client at release

- Medications
- Belongings (see front of sheet)
- Flea Products
- Collar/leash
- Food