Pet Care Handoff Sheet

Complete a separate sheet for each pet.

HANDOFF AND CONTACTS

Current caregiver _____

Phone _____

Backup caregiver _____

Phone _____

Active from date/time _____

Expected end date/time _____

If unavailable, contact/phone _____

Secure access arranged with _____

PET IDENTIFICATION

Pet name _____ ☐ Photo attached

Species/breed/type and color _____

Approx. weight and age _____

Microchip number _____

Registry/contact _____

ROUTINE AND FEEDING

Food, amount, and times _____

Water and potty/litter routine _____

Walk/exercise and sleep routine _____

Foods to avoid _____

Conditions/allergies/reactions _____

NORMAL AND SAFETY

What is normal _____

Recent changes with date/time _____

Normal behavior and handling _____

Triggers/escape/bite or scratch risks _____

MEDICATION

Copy from the current label or veterinary instructions.

1. Medication/strength _____

Exact amount/route _____

Schedule _____ **Last/next** _____

2. Medication/strength _____

Exact amount/route _____

Schedule _____ **Last/next** _____

More than two: attach the current labeled medication list.

Storage/special instructions _____

VETERINARY AND EMERGENCY

Regular clinic/phone _____

Address _____

Emergency hospital/phone _____

Address _____

Poison-control service/phone _____

☐ Clinic authorization confirmed **Date/contact** _____

☐ Payment arrangement confirmed **Date/contact** _____

TRANSPORT AND SUPPLIES

Carrier/leash location _____

Food/meds/records/kit location _____

Transport plan _____

CARE LOG

Task	Last completed	Next due	Initials

REVIEW

Sheet last updated/by _____

Caregiver reviewed initials/date/time _____

This sheet does not replace medication labels, veterinary instructions, emergency advice, or clinic authorization forms.