ANIMAL DAILY CARE

Animal ID# _____ Cage # _____ Shelter: _____ Page ___ of ___

Kind of Animal: Dog □ Cat □ Other □ (Specify): Breed:	
Animal Name:	Male Neutered □ Female Neutered □ Male Intact □ Female Intact □
Special diet or medications:	
Behavior or other care issues:	
Name of Animal's Owner/Agent:	
Emergency Contact:	

ABBREVIATIONS FOR CARE NOTES		
F = Food provided **W** = Water provided **E** = Eating	**UR** = Urine **BM** = Bowel movement **CC** = Cage Cleaned	**Walk** = Walked 20+ min **Date** = mm/dd/yy **Time** = 00:00 to 24:00

DATE	TIME	CARE-GIVER	CARE NOTES

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DATE	TIME	CARE-GIVER	CARE NOTES

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