XP

XYZ PETS

HOUSEHOLD CARE SYSTEM

Complete Pet Handoff Pack

18 fillable pages for sitters, travel, daily care, records, and the return home.

01

FILL

Type into the PDF or print by hand.

02

HAND OFF

Share only the pages another carer needs.

03

REFRESH

Update dates, labels, and contacts before reuse.

US LETTER EDITION / ONE BUSINESS LICENSE

START HERE

One pack. One clear handoff.

Use the smallest set of pages that completes the job. Keep medical directions tied to the current label or veterinary instructions.

Pack index

PRIVACY RULE

Do not place access codes, financial details, or information the recipient does not need in a copy you plan to send. Share a focused set of pages.

One business license

One pet-care business may fill, print, and reuse these pages with its clients, and provide blank pages to those clients for their care handoffs. Do not resell the pack, publish it, sublicense it, or distribute it to other businesses.

One business license. Copyright XYZ Pets.

CORE RECORD

Pet profile

Give another carer the facts that identify this pet and explain what normal looks like at home.

PET NAME

SPECIES

BREED OR TYPE

DATE OF BIRTH / AGE

WEIGHT AND DATE

MICROCHIP NUMBER

COLOR AND MARKINGS

ID TAG DETAILS

INSURANCE / PLAN REF

TEMPERAMENT, HANDLING BOUNDARIES, AND TRIGGERS

Describe observable behavior

NORMAL APPETITE, WATER, SLEEP, TOILETING, AND ACTIVITY

A baseline, not a diagnosis

COMFORTS, CUES, FAVORITE PLACES, AND THINGS TO AVOID

CORE RECORD

Care contacts

Use current reachable numbers. Name the person who may make decisions if the owner cannot be reached.

Owner and backup

OWNER NAME

OWNER PHONE

BACKUP PERSON

BACKUP PHONE

CAREGIVER / SITTER

CAREGIVER PHONE

Veterinary contacts

REGULAR CLINIC

CLINIC PHONE

CLINIC ADDRESS

AFTER-HOURS CLINIC

AFTER-HOURS PHONE

AFTER-HOURS ADDRESS

Decision path

WHO MAY AUTHORIZE CARE, SPENDING LIMIT IF USED, AND HOW TO REACH THE OWNER

Confirm this with the clinic and caregiver

PREPAREDNESS

Emergency handoff

This page organizes contacts and transport facts. It does not diagnose symptoms or replace emergency veterinary care.

IF SOMETHING IS URGENT

Contact the regular or after-hours veterinary clinic and follow their instructions. Keep the pet secure and tell the owner or backup person what happened.

PET NAME

CURRENT LOCATION

OWNER PHONE

BACKUP PHONE

REGULAR CLINIC

CLINIC PHONE

AFTER-HOURS CLINIC

AFTER-HOURS PHONE

KNOWN ALLERGIES, CONDITIONS, AND CURRENT MEDICATIONS COPIED FROM RECORDS

CARRIER, LEAD, TRANSPORT, AND SECURE MEETING-POINT DETAILS

Before the handoff

- [ ] Current photo attached
- [ ] Carrier or lead accessible
- [ ] ID and microchip details checked
- [ ] Owner and backup numbers tested

LEAVING HOME

Sitter overview

Put the whole stay on one page before adding detailed routine sheets.

PET / HOUSEHOLD

CARE DATES

OWNER

OWNER PHONE

BACKUP

BACKUP PHONE

MORNING, MIDDAY, EVENING, AND BEDTIME RHYTHM

FOOD, WALKS, LITTER, MEDICATION, AND OTHER NON-NEGOTIABLES

HOME BOUNDARIES, VISITOR RULES, UPDATES, AND FINAL LOCK-UP

WHAT TO DO IF THE OWNER IS DELAYED

DAILY CARE

Daily routine

Write actions in the order another person will perform them. Keep each row short and observable.

PET / HOUSEHOLD

DATES COVERED

TIME	ACTION	WHERE / SUPPLIES	DONE / NOTES

FLEXIBLE TIMING, EXCEPTIONS, AND FINAL CHECK

DAILY CARE

Feeding schedule

Use the food and amount already selected for the pet. Keep each pet's bowl, preparation, and restrictions separate.

HOUSEHOLD

DATES COVERED

PET	TIME	FOOD AND AMOUNT	PREPARATION / BOWL	DONE

FRESH-WATER ROUTINE AND BOWL LOCATIONS

TREAT BOUNDARIES, ALLERGIES, SEPARATION, AND STORAGE

CARE RECORD

Medication record

Copy current directions from the prescription label or clinic plan. Do not change dose, timing, route, or storage here.

SOURCE RULE

If this page conflicts with the current label or veterinary instruction, stop and contact the prescribing clinic before giving anything.

Medication 1

One record per current medication or supplement.

NAME

PRESCRIBING CLINIC

AMOUNT / ROUTE

TIMES / FREQUENCY

STORAGE FROM LABEL

REFILL / END DATE

Medication 2

One record per current medication or supplement.

NAME

PRESCRIBING CLINIC

AMOUNT / ROUTE

TIMES / FREQUENCY

STORAGE FROM LABEL

REFILL / END DATE

Medication 3

One record per current medication or supplement.

NAME

PRESCRIBING CLINIC

AMOUNT / ROUTE

TIMES / FREQUENCY

STORAGE FROM LABEL

REFILL / END DATE

CARE RECORD

Medication administration log

Mark a row only after the supplied direction has been completed. Record uncertainty instead of guessing.

PET

MEDICATION

LABEL DIRECTION

DATE	SCHEDULED	RECORDED	CAREGIVER	DONE / NOTES

OUTSIDE CARE

Walk and outside routine

Explain the equipment, route, triggers, cleanup, weather boundaries, and safe return.

DOG NAME

WALKER

WALK WINDOWS

USUAL DURATION

LEAD, HARNESS, COAT, BAGS, TREATS, AND WHERE EACH ITEM LIVES

USUAL ROUTE, TOILET AREA, RECALL LIMITS, AND PLACES TO AVOID

DOGS, PEOPLE, TRAFFIC, WILDLIFE, SOUNDS, AND HANDLING TRIGGERS

WEATHER LIMITS, RETURN ROUTINE, WATER, DOORS, AND UPDATE

Final check

- [ ] Equipment returned
- [ ] Doors and gates secure
- [ ] Water refreshed
- [ ] Update sent

INDOOR CARE

Cat and indoor routine

Keep food, water, litter, hiding places, door rules, play, and observation easy to scan.

CAT / HOUSEHOLD

CARE DATES

MEALS, WATER, TREATS, AND MULTI-CAT SEPARATION

LITTER-BOX LOCATIONS, LITTER TYPE, SCOOPING, AND WASTE

HIDING PLACES, NORMAL GREETING, HANDLING LIMITS, AND ESCAPE RISKS

PLAY, GROOMING, MEDICATION RECORD LOCATION, AND DAILY UPDATE

Final check

- [ ] Food and water checked
- [ ] Litter checked
- [ ] Doors and windows secure
- [ ] Every cat observed

TRAVEL

Boarding checklist

Facility requirements decide what belongs in the bag. Confirm current rules before packing.

PET

FACILITY

DROP-OFF

COLLECTION

Confirm with the facility

- [ ] Vaccination or health records
- [ ] Medication packaging
- [ ] Food container and labels
- [ ] Bedding and toy rules
- [ ] Arrival and collection windows
- [ ] Emergency and payment policy

Pack and label

- [ ] Measured food plus delay reserve
- [ ] Current labeled medication
- [ ] Lead, harness, or carrier
- [ ] ID and microchip details
- [ ] Care instructions
- [ ] Owner, backup, and clinic contacts
- [ ] Approved comfort item
- [ ] Authorized collector details

BEHAVIOR, GROUP-PLAY, HANDLING, MOBILITY, AND FEEDING NOTES

COLLECTION QUESTIONS AND ITEMS TO RETURN

TRAVEL

Vacation countdown

Work backward from departure so the care handoff is checked before the final day.

TRIP DATES

CARE ARRANGEMENT

Two to four weeks before

- [ ] Caregiver or facility confirmed
- [ ] Clinic and emergency contacts checked
- [ ] Records and prescriptions reviewed
- [ ] Transport plan confirmed

Three to seven days before

- [ ] Food and supplies counted
- [ ] Medication and labels checked
- [ ] Handoff pages refreshed
- [ ] Keys and access tested
- [ ] Update rhythm agreed

Departure day

- [ ] Fresh water and normal meal
- [ ] Current photo and ID checked
- [ ] Caregiver walkthrough complete
- [ ] Travel delay plan shared
- [ ] Final doors, gates, and alarms check

RETURN TIME, COLLECTION, KEYS, UNUSED SUPPLIES, AND HAND-BACK PLAN

HOUSEHOLD

Supplies and home access

Tell the caregiver where needed items live. Keep private codes out of copies that do not require them.

ITEM	LOCATION	AMOUNT / CHECK	RETURN NOTE

ENTRY, KEYS, ALARMS, PARKING, GATES, AND LOCK-UP

Share codes separately when possible

ROOMS, VISITORS, DELIVERIES, TRASH, PLANTS, AND HOME BOUNDARIES

WHERE COMPLETED PAGES AND RETURNED ITEMS SHOULD BE LEFT

CARE RECORD

Vet visit notes

Use this page to record what was discussed and what the clinic supplied. It is not a medical record or treatment plan.

PET

VISIT DATE

CLINIC / CLINICIAN

REASON FOR VISIT AND OBSERVATIONS SHARED WITH THE CLINIC

QUESTIONS ASKED AND ANSWERS RECORDED

DIRECTIONS, DOCUMENTS, AND LABELS SUPPLIED BY THE CLINIC

FOLLOW-UP DATE

RECORDS REQUESTED / RECEIVED

CHANGES TO UPDATE IN THE HOUSEHOLD HANDOFF PACK

PLANNING

Care expense planner

Record actual quotes and receipts. Do not treat estimates as provider prices or medical cost guidance.

TRIP / PERIOD	BUDGET	CURRENCY

DATE	ITEM / SERVICE	QUOTED	ACTUAL	PAID / NOTE

QUOTED TOTAL	ACTUAL TOTAL	DIFFERENCE

REFUND, CANCELLATION, PLATFORM, COLLECTION, OR RECEIPT NOTES

HANDOFF CLOSE

Return handoff report

Close the loop with factual notes about care completed, supplies returned, and anything the owner should review.

PET / HOUSEHOLD

CARE DATES

CAREGIVER

MEALS, WATER, MEDICATION LOG, WALKS, LITTER, AND ROUTINE COMPLETED

APPETITE, WATER, ENERGY, TOILETING, SLEEP, BEHAVIOR, AND OTHER OBSERVATIONS

Describe what was seen

QUESTIONS, UNCERTAINTIES, INCIDENTS, AND CLINIC CONTACT

KEYS, DOCUMENTS, MEDICATION, FOOD, EQUIPMENT, AND RECEIPTS RETURNED

HANDOFF TIME

RECEIVED BY

Close the stay

- [ ] Owner or backup updated
- [ ] Private copies removed
- [ ] Urgent items stated directly
- [ ] Next refresh date noted