

**PET EMERGENCY INFORMATION FORM**

**OWNER INFORMATION**

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**PLEASE ATTACH COPIES OF ALL RABIES CERTIFICATES and VACCINATION RECORDS**

**PET INFORMATION**

PET NAME: \_\_\_\_\_  
PET Identification: \_\_\_\_\_  
MICROCHIP #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Neutered or Spayed? **Yes or No**  
Approximate weight in pounds \_\_\_\_\_

**PET PHOTO HERE**

**FOOD:**

Brand and flavor of food: \_\_\_\_\_  
Volume of food fed per feeding: \_\_\_\_\_  
How many times fed per day: \_\_\_\_\_

**Current Medications:**

Medication: \_\_\_\_\_  
Dosage of medication: \_\_\_\_\_  
Frequency of dosing: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

**LIST OF CONTACTS:**

<i>TITLE</i>	<i>NAME</i>	<i>PHONE #</i>	<i>EMAIL</i>
Alternative caretaker:	_____	_____	_____
Alternative caretaker:	_____	_____	_____
Alternative caretaker:	_____	_____	_____
Veterinarian:	_____	_____	_____
Kennel/pet sitter:	_____	_____	_____
Emergency contact:	_____	_____	_____

