

## 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>
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Alternative Caretaker: \_\_\_\_\_

Alternative Caretaker: \_\_\_\_\_

Alternative Caretaker: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Kennel/pet sitter: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

