## PET EMERGENCY INFORMATION FORM

OWNER INFORMATION		
NAME:		
PHONE:		
EMAIL:		
ADDRESS:		
PLEASE ATTACH COPIES OF ALL RAI	BIES CERTIFICATES and V	<b>ACCINATION RECORDS</b>
PET INFORMATION		
PET NAME:	=	
PET Identification:	_	PET PHOTO HERE
MICROCHIP #:		
Date of Birth:		
Breed:		
Color:		
Sex:		
Neutered or Spayed? Yes or No		
Approximate weight in pounds		
FOOD:		
Brand and flavor of food:		
Volume of food fed per feeding:		
How many times fed per day:		
<b>Current Medications:</b>		
Medication:		
Dosage of medication:		
Frequency of dosing:		
MEDICAL CONDITIONS:		
ALLERGIES:		
LIST OF CONTACTS:		
TITLE NAME	PHONE #	EMAIL
Alternative Caretaker:		
Alternative Caretaker:		
Alternative Caretaker:		
Veterinarian:		
Kennel/pet sitter:		
Emergency Contact:		



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