



PET EMERGENCY INFORMATION SHEET



PEOPLE INFORMATION

Owner's Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Emergency Caregiver 1: _____ Emergency Caregiver 2: _____

Address: _____ Address: _____

Phone: _____ Cell: _____ Phone: _____ Cell: _____

Email: _____ Email: _____

Veterinarian Name: _____

Address: _____

Phone: _____ Email: _____

PET INFORMATION

Pet's Name: _____

M F Date of Birth/Age: _____

Spayed/Neutered Yes No

ID Microchip Yes No

Species (dog, cat, etc.): _____

Breed: _____

Color, markings, unique features: _____

Other identifiers (collar, etc.): _____

Diet and feeding info: _____

Medical info (with medicine dosage/instructions): _____

Personality/behavior info: _____

RECOMMENDED ATTACHMENTS

- Proof of vaccinations
- Important medical records/prescriptions
- Photos of your pet
- Animal license information
- Pet medical insurance

