**EMERGENCY CONTACT INFORMATION**

Photocopy your emergency contact information (next page) and put a copy close to your telephone. If possible, you may want to program the numbers into your phone.

**Emergency numbers:**

Fire, police, ambulance: **call *9-1-1***

**Non-Emergency numbers:**

Police: …………..…………………………………………………………..…………………

Fire: ..………………………………………………………………………………………….

Health clinic: ………………………………………………………………….……………….

Poison control: ……………………………………………………………………………..…

Tele-care NB: …………..………………………………………………………….....………

Other contact numbers:…………..…………………………..……………………………..

**Out-of-town contact:**

Name: …………….………………………...…………………………………….……………

Home phone: …………………….…… Alternate phone(s): …………….………………..

Home address: …………………………...………………………………………………..…

Email: …………………………………………………………………………..………………

**Family:**

Name: …………………………………………………………………………………………

Home phone: ………………………… Alternate phone(s): ……….……………………..

Home address: ………………………………………………………………………………

Email: …………………………………………………………………………………………

**Friend/Neighbour:**

Name: …………………………………………………………………………………………

Home phone: ………………………… Alternate phone(s): ………….…………………..

Home address: ……………………………………….………………………………………

Email: ………………………………………………………………………………………….

9

**Family Doctors:**

Name: ………………………………………………………………………………………….

Patient: ………………………………………………………………..……………………….

Phone number: …………………………………………………...…………………………..

Clinic address: ……………………………….……………………………………………….

**Pet care:**

Veterinarian: ………………………..…………………………………………………………

Phone number: ………………….……… After-hours number: …………………………..

Vet clinic address: ……………………………………………………………………………

Boarding kennel: ……………………………………………………………………………..

**Insurance agent/company:**

Agent’s/Company’s name: ……………………..……………………………………………

Phone: …………………………………… Alternate phone: ……..………………………..

Policy number(s): …………………………………………………………………………….

**Home security system:**

Security provider: …………………………….……………………………………………….