



IN CASE OF EMERGENCY  
**MY PET  
 INFORMATION**



Date Updated \_\_\_\_\_

PET PARENT INFO			
First name		Last name	
First name		Last name	
Street address			
City state / province		Postal / zip code	
Primary phone		Cell phone	
Email			

MY PET EMERGENCY CONTACTS			
First name		Last name	
Street address			
City state / province		Postal / zip code	
Primary Phone		Secondary Phone	
First name		Last name	
Street address			
City state / province		Postal / zip code	
Primary Phone		Secondary Phone	

VETERINARIAN INFO			
Veterinarian name		Phone	
Street address			
City state / province		Postal / zip code	
Last seen		Comments	
Veterinarian name		Phone	
Street address			
City state / province		Postal / zip code	
Last seen		Comments	

MY PET(S)			
	PET 1	PET 2	PET 3
Pet's Name			
Gender			
Spayed/Neutered?			
Species			
Description (color/markings)			
Age/Birthdate			
Microchip Number			
Medical Alert			
Tattoo			

VACCINATIONS/TESTS						
	PET 1		PET 2		PET 3	
Pet's Name						
	Rec'd	Vaccination/Test Date if known	Rec'd	Vaccination/Test Date if known	Rec'd	Vaccination/Test Date if known
Rabies 1, 2, or 3-year vaccine?	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
DHLP - Parvo (distemper)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Bordetella	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Influenza	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
FVRCP-P (infectious diseases)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Feline Leukemia/FIV	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Feline Leukemia Vaccine	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Fecal Check (worms)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Heartworm Medication	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Positive Heartworm	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Lepto	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other:	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other:	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other:	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other:	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**MY PET'S FOOD, MEDICATIONS, ALLERGIES**

	PET 1	PET 2	PET 3
<b>Pet's Name</b>			
<b>What type of food?</b>			
<b>Feeding Amount/Schedule</b>			
<b>What type of food?</b>			
<b>Feeding Amount/Schedule</b>			
<b>What type of food?</b>			
<b>Feeding Amount/Schedule</b>			
<b>Drug Allergies</b>			
<b>Drug Allergies</b>			
<b>Drug Allergies</b>			
<b>Environmental Allergies</b>			
<b>Environmental Allergies</b>			
<b>Environmental Allergies</b>			
<b>Food Allergies</b>			
<b>Food Allergies</b>			
<b>Food Allergies</b>			
<b>Current Medications</b>			
<b>How given? When?</b>			
<b>Current Medications</b>			
<b>How given? When?</b>			
<b>Current Medications</b>			
<b>How given? When?</b>			
<b>Hours spent outside each day?</b>			

**ADDITIONAL INFORMATION**


**MY PET'S MAJOR ILLNESSES, INJURIES, OR SURGERIES**

	PET 1	PET 2	PET 3
<b>Pet's Name</b>			
<b>Illness, Injury, or Surgery</b>			
<b>Details and Dates</b>			

**OTHER VITAL INFORMATION**


**PET CARE EMERGENCY AUTHORIZATION FORM**

To Whom It May Concern:

I, \_\_\_\_\_ (pet owner) hereby give \_\_\_\_\_ (authorized person or any person listed in this form as Emergency Contact) my express permission to take my pet(s) to the veterinarian specified in this form (or to the closest open facility, if my primary vet is not available).

I authorize the veterinarian to furnish my pet with veterinary care and to provide essential medical services without my consent.

I  do  do not authorize intensive medical efforts for my pet.

In the event the attending veterinarian determines that my pet is suffering and/or is incurably injured, I  give my consent  do not give my consent for euthanasia.

If my pet should die or is euthanized, I request that  the body be retained until I return,  be individually cremated,  be communally cremated and I agree to pay the fees for such.

I will assume full responsibility for the payment for any and all veterinary services provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_