

PET EMERGENCY INFORMATION

Pet's Name: _____ **Date** _____

Age, breed/color/sex (spayed?) _____

Owner: Name, address, phone: _____

Emergency Pet Guardians whom you have contacted them, and the are willing to care for pet in emergency)

Name: _____ Phone #s _____

Address: _____ email _____

Name: _____ Phone #s _____

Address: _____ email _____

Where did pet come from: _____

(Note: many rescues and shelters will care for animals adopted through them in emergency situations.)

Veterinarian: _____ Phone _____

Medical conditions/daily medicines: _____

Daily diet: Brand, amount, times, special instructions: _____

Pet temperament: (around other animals, people: women, men, children, strangers):

Has the pet ever bitten anyone? If yes, describe: _____

Is there anywhere that the pet does not like to be touched or petted? _____

Is this pet frightened of anything? _____

Does the pet have favorite toys or a favorite bed? _____

Anything else that you would like the caregiver to know about your pet? Guidelines and limitations of care (attach additional pages, if needed).

To Whom it May Concern: I, (_____), owner of the above-described animal, authorize the Emergency Pet Guardians, listed above, to make emergency veterinary medical decisions, including euthanasia (unless noted below), for the animal described below in the event that I cannot be reached. Where applicable, I have also listed guidelines and limitations of care. I accept financial responsibility for the emergency care of the animal(s).

Your Signature: _____ Date: _____