

PET EMERGENCY INFORMATION SHEET

(Use the back of this form for additional information)

Owner Information:

Owner's Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Name of Emergency Pet Guardian: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Pet Information:

Pet's Name: _____ Sex: Male Female Date of Birth: _____

Species (Dog, cat, etc.) _____ Breed: _____

Distinctive Colorations/Markings/Feature:

Spayed/Neutered: Yes No City/County License #: _____

ID Microchip: Yes No Microchip Company and #: _____

Veterinarian Name: _____

Address: _____

Office Phone: _____ Emergency Phone: _____

Email: _____

Medical problems/conditions/allergies/care:

Medications:

Dietary care/feeding instructions:

Does this animal bite? Yes No

Behavior or habits:

Recommended Attachments:

- Proof of vaccinations
- Important medical records/prescriptions
- Photos (face, side, angle, and with owners)
- City/County license information
- Pet medical insurance