

# PET & OWNER EMERGENCY INFORMATION SHEET

SIDE 1: PETS

TOTAL # OF PETS IN HOUSEHOLD: \_\_\_\_\_

PET OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Total # of pets: check all that apply		
Pet/s	Inside	Outside
Dog/s		
Cat/s		
Bird/s		
Horse/s		
Other- Specify		

PET NAMES & INFO					
PET #1 NAME:		BREED:		SEX:	AGE:
PET #2 NAME:		BREED:		SEX:	AGE:
PET #3 NAME:		BREED:		SEX:	AGE:

CURRENT MEDICATIONS			
	NAME OF MEDICATION:	DOSAGE:	TIMES PER DAY:
PET #1			
PET #2			
PET #3			

WHERE ARE MEDICATIONS KEPT? \_\_\_\_\_

*The suggested place is in a basket/ box on top of the refrigerator. Be sure container is clearly marked as "DOG'S PILLS" or "CAT'S PILLS"*

## VETERINARIAN CONTACT INFORMATION

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VETERINARIAN: \_\_\_\_\_ VET PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Be sure to complete this form when you are well. Your pet's life may depend on it!**

# PET OWNER INFORMATION

SIDE 2: OWNER

TOTAL # OF PEOPLE IN HOUSEHOLD: \_\_\_\_\_

NAMES:	AGE:	SEX:	DISABILITY

## MEDICAL INFORMATION

What medical conditions do you or others have (heart, diabetes, allergies, past surgeries, etc)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CURRENT MEDICATIONS

PATIENT NAME:	NAME OF MEDICATION:	DOSAGE:	TIMES PER DAY:

## EMERGENCY CONTACT INFORMATION

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**KEEP UPDATED INFORMATION POSTED IN FRONT OR SIDE OF REFRIDGERATOR**