



save your pet pack

EMERGENCY INFORMATION SHEET

Owner's Name: _____

Address: _____

Phone Number: _____ Alt Number: _____

Email Address: _____

Pet's Name: _____

Breed: _____ Sex: Male Female Date of Birth: _____

Veterinarian Name: _____

Address: _____

Phone Number: _____

Email Address: _____

This pet has the following medical conditions which must be treated:

This pet takes the following medications:

What you should know about this animal:

Should I be unable to attend to my animal due to injury or death, contact:

• Name: _____

• Address: _____

• Phone Number: _____

• Name: _____

• Address: _____

• Phone Number: _____

• Name: _____

• Address: _____

• Phone Number: _____

Animal should be boarded in the nearest animal boarding facility or veterinarian. Please do not take my animal to a shelter. The above person has agreed to pay all fees to retrieve the animal and they have my permission to remove the animal from the boarding facility. This person also agrees to pay all rescue fees.

Signed: _____ Date: _____