

# PET & OWNER EMERGENCY INFORMATION SHEET

## Side 1 For Pets

**Total # of Pets:**  
Check all that apply

Pet/s	Inside	Outside
Dog/s		
Cat/s		
Bird/s		
Horse/s		
Other - Specify		

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

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

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

### PET NAMES & INFO

PET #1 NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

PET #2 NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

PET #3 NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

### CURRENT MEDICATIONS

<u>PET #</u>	<u>NAME OF MEDICATION</u>	<u>DOSAGE</u>	<u>TIMES PER DAY</u>
#1	_____	_____	_____
#2	_____	_____	_____
#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: \_\_\_\_\_

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

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

# PET OWNER INFORMATION

## Side 2 For Owner

### PERSONAL INFORMATION

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

<u>NAMES:</u>	<u>AGE:</u>	<u>SEX:</u>	<u>DISABILITY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### MEDICAL INFORMATION

What medical conditions do you or others have (heart, Diabetes, Allergies. Past surgeries, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

### CURRENT MEDICATIONS

<u>NAME OF MED.</u> _____	<u>DOSAGE:</u> _____	<u>TIMES PER DAY:</u> _____
<u>NAME OF MED.</u> _____	<u>DOSAGE:</u> _____	<u>TIMES PER DAY:</u> _____
<u>NAME OF MED.</u> _____	<u>DOSAGE:</u> _____	<u>TIMES PER DAY:</u> _____
<u>NAME OF MED.</u> _____	<u>DOSAGE:</u> _____	<u>TIMES PER DAY:</u> _____

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

### EMERGENCY CONTACT INFORMATION

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

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

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

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

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

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