

Emergency Pet Care Form

(In the event you become incapacitated)

Complete one form for each pet. Attach a recent photo of the pet to the form with their name.

PET NAME:
(CAT OR DOG?)

NICKNAME:

AGE (APPROXIMATE DATE OF BIRTH):
GENDER: M OR F
SPAYED/NEUTERED? YES OR NO

VACCINATIONS:

DATE AND TYPE OF VACCINATION - OR COPY OF THEIR HEALTH RECORD ATTACHED.

CURRENT VETERINARIAN?

MEDICAL CONDITION(S)?

MEDICATIONS? IF YES, WHAT?

NAME OF MEDICINE?

DOSAGE?

FREQUENCY?

HOW IS IT GIVEN TO THE PET?

WHERE IS MEDICINE KEPT?

FEEDING:

FOOD NAME:

HOW MUCH, FREQUENCY, AND AT WHAT TIME?

MISCELLANEOUS INFORMATION:

- WHERE DOES THE PET SLEEP AT NIGHT?

- IS THE PET HOUSE-BROKEN?

- IF A DOG, IS THE DOG WALKED OUTSIDE THE HOUSE?

IF YES, FREQUENCY?

TIME OF DAY?

WHERE?

- DOES THIS PET GET ALONG WITH OTHER ...

CATS?

DOGS?

CHILDREN?

- OTHER HELPFUL INFORMATION FOR A CARE-GIVER:

- OTHER PEOPLE FAMILIAR WITH YOUR PET AND CONTACT INFO: