

Information for Emergency Caregivers for my Pet(s)

I appreciate your willingness to be a caregiver for my pet(s) if something happens to me. Please find below all of the information you will need. _____ *Pet owner's signature*

Pet Owner Contact Information

Name/address:

Home/work/cell phone numbers:

Pet owner's personal emergency contact person's name/address:

Pet owner's personal emergency contact person's home/work/cell phone numbers:

Other emergency caregivers for my pet(s)

Name:

Address:

Home/work/cell phone numbers:

Name

Address:

Home/work/cell phone numbers:

Name

Address:

Home/work/cell phone numbers:

My veterinarian's contact information

Name:

Address:

Directions to Office:

Phone Number:

After Hours Clinic emergency phone number:

After Hours Emergency Clinic Address:

Directions to After Hours Emergency Clinic:

Pet Sitter

Pet Sitter's Name:

Pet Sitter Address:

Pet Sitter Phone Number:

After hours emergency phone number for Pet Sitter:

Boarding Kennel

Kennel's Name:

Kennel's Address:

Kennel's Phone Number:

Kennel's After Hours Emergency Number:

Pets Information

Pet 1 Name:

Type of Animal:

Breed:

Coloring:

Weight:

Age:

Microchipped?

Microchip Company, if applicable:

Microchip Company Contact Information, if applicable:

Pet 2 Name:

Type of Animal:

Breed:

Coloring:

Weight:

Age:

Microchipped?

Microchip Company, if applicable:

Microchip Company Contact Information, if applicable:

[PLEASE ATTACH ADDITIONAL PAGES FOR ADDITIONAL PETS]

Pet Care Instructions

Do any pets have any sore or ticklish areas where they hate to be pet?

Location of Leashes, Carriers, Food, Toys, Litter Scoop:

Amount pets are fed each day:

What brand/flavor of food? Where is food usually purchased?

Is pet allowed outside?

If pet allowed outside, when, where and how?

Pet's favorite toys:

Pet's favorite hiding places:

If cats, how often is litter box cleaned?

What brand of litter is used?

If dogs, how often walked?

What is their favorite route?

Medical Information

Any pets with medical conditions?

Do any pets require prescription medicine?

If so, where is this medicine stored/purchased?

Instructions for Medication or any other special needs pets may have:

Notes on Pet Personality/Behavior/Special Routines:

Long-Term Care

If any of my pets are gravely ill, my wishes concerning euthanasia:

If any of my pets die, my wishes concerning burial/cremation:

If I die, I have/have not made provisions for my pets in my Will/Trusts. Please contact _____
for more information in the event of my death.