PET EMERGENCY INFORMATION SHEET

PET CURRENT INFORMATION

PET NAME: _____ SPECIES:_____

MICROCHIP #:_____ BREED:_____

NEUTER STATUS: _____ WEIGHT: _____(kg or lb) AGE: _____

PET DIET: _____

_____

DIETARY RESTRICTIONS: _____

CURRENT HEALTH CONDITIONS: _____

_____

_____

_____

CURRENT MEDICATIONS: _____

_____

_____

_____

OWNER INFORMATION

OWNER(S) NAME(S): _____ PHONE #_____

CURRENT ADRESS & EMAIL: _____

_____

_____

_____

AUTHORIZED CAREGIVER INFORMATION

NAME(S): _____ PHONE #_____

CURRENT ADDRESS: _____

_____

WHAT IS CAREGIVER AUTHORIZED TO APPROVE IN EMERGENCY? _____

_____

_____

_____

OWNER SIGNATURE: _____ DATE:_____

ASPCA Poison Control Hotline (1-888-426-4435 – a fee may apply)

PET EMERGENCY INFORMATION SHEET

CURRENT VETERINARY CLINIC

CLINIC NAME: _____

CLINIC PHONE NUMBER: _____

CLINIC ADDRESS: _____

_____

_____

VETERINARIAN (seen within the last year): _____

CLINIC HOURS (regular & holiday hours):

	Regular hours:	Holiday hours:
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

EMERGENCY VETERINARY HOSPITAL (ideally 24 hours)

CLINIC NAME: _____ PHONE NUMBER: _____

CLINIC ADDRESS: _____

_____

_____

CLINIC HOURS (regular & holiday hours – if not 24 hour facility):

	Regular hours:	Holiday hours:
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

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