



Emergency Pet Information

Put one copy on your refrigerator. Give one copy to a friend. File one copy with your medical information.

Your Name: _____

Phone: _____ Email: _____

Address: _____

Pet Emergency Contact Name: _____

Phone: _____ Email: _____

Address: _____

Vet's Name and Phone: _____

Your Pet's Name: _____

My Pet is a: Dog _____ Cat _____ Other _____

Age: _____ Breed: _____ Gender: Male or Female Neutered/Spayed: Yes or No

Please circle and fill in appropriate answers:

1. My Pet gets along with: Dogs Cats Does NOT get along with other animals

2. My Pet's reaction to new people is: Friendly Cautious Fearful Aggressive

3. My Pet has a medical condition: Yes No

If yes, what condition(s): _____

4. My Pet takes medication: Yes or No

If yes, what medication and dosage: _____

5. My Pet's feeding habits are: (brand of food, portion, allergies, diet restrictions)

6. Other important information to know about My Pet:
