



EMERGENCY PET INFORMATION SHEET



OWNER INFORMATION

Owner's Name(s):

Address:

City:

Province:

Email:

Phone:

Cell:

Other:

Emergency Pet Guardian Name:

Address:

City:

Province:

Email:

Phone:

Cell:

Other:

PET INFORMATION

Pet's Name:

Sex: • Male • Female

Species (dog, cat, etc):

Breed:

Date of Birth: YYYY MM DD

Spayed/Neutered: • Yes • No

Licence #:

Distinctive Markings / Colour / Features:

ID Microchip: • Yes • No

Microchip Company and #:

Medical Conditions / Allergies / Special Care:

Medications (dose and frequency):

Dietary Care / Feeding Instructions:

Does this animal bite? • Yes • No

Behaviour Habits:

VETERINARIAN INFORMATION

Name:

Address:

City:

Province:

Email:

Office Phone:

Emergency Phone:

Recommended Attachments:

- Proof of vaccinations
- Important medical records/prescriptions
- Photos (face, side, angle, and with owners)
- City/County license information
- Pet medical insurance