

# Emergency Preparedness Forms For Dogs with Addison's (Also Useful for Other Pets) Rev. April 3, 2020 Form Page 1 of 6

Our Addison's dogs are treasured members of our families who rely on us to make plans for them in the event of a crisis. Because they literally require medication to live, we must plan ahead to make sure they will receive proper care. Please provide answers as if something were to happen to you and someone would need to come into your home and find your dog. Descriptions and locations help. Make sure you designate someone to care for your dog and make medical decisions for him or her. Choose a second backup person in case something happens to the primary person. You need to communicate this information to your veterinarian, so they have permission to work with the people you've chosen. Review all this with the people you've chosen and give them a copy of these forms ahead of time. Also, put a copy in your dog's "Go Bag." Make sure the people have keys to your home. Put stickers on the main entrances of your home, noting the number and type of pets you have, plus their locations within your home. Make sure their collars, harnesses, leashes, and carrier are near their Go Bag. For more information about emergency preparedness and for fillable versions of this form, you can find them on our website, here: https://canineaddisons.org/documents/

### As they say, prepare for the worst but hope for the best! Stay safe and well! Pet Owner Information

Pet's Name:	 
Pet Owner(s):	
Address:	
Home Phone:	 
Cell Phone:	
Email:	



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### **Emergency Contacts**

mergency Contact:	_
elationship to Owner:	
ddress:	
ome Phone:	
ell Phone:	_
mail:	
rimary Veterinarian:	
eterinary Practice Name:	
ddress:	_
hone:	
mail:	
Iternative Veterinarian:	
eterinary Practice Name:	
ddress:	
hone:	
mail:	_



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Boarding Facility:	
Address:	
Phone:	
Email:	
Important Information	on about your Addison's Dog
veterinary records, at least from diag	tion, we recommend getting copies of all gnosis onward in case your dog needs to see y hospital. Keep them in your "Go Bag."
Dog's Name:	
Gender: Male Female	
Breed or Mix:	
Date of Birth:	
Date of Adoption (if applicable):	
Color & Markings:	
Eye Color:	
Weight:	Please indicate: kg or lb
Allergies:	
Is your dog crate-trained? If so, when o kept (in case you aren't home)?	do they go in the crate? Where are the crates
Does your dog have a preferred place a explain and describe location so they o	and/or hiding place in your home? Please can be found if you're not home:



Date of Addison's Disease Diagnosis:

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### Type of Addison's Disease – check which one applies:

Check	Type of Addison's	Description
here		
	Typical Addison's	Requires monthly injection plus Prednisone (or similar) or daily Florinef (or similar)
	Atypical Addison's	Only requires daily Prednisone (or similar)
	Secondary Addison's	Pituitary-based. Only requires daily Prednisone (or similar)

Date if they transitioned from Atypical to Typical:

	tions, inclu	uding Dates of Dia	gnosis:	
Medications, Doses,	9 Francis			
	-	• •		night want to
fill out the next due of Medication Name	-	• •		When is the next dose due?
fill out the next due	date in per	ncil so it can be up	Time it Should be	When is the
fill out the next due	date in per	ncil so it can be up	Time it Should be	When is the



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#### Medications, Doses, & Frequency (continued):

Medication Name	Dose	Frequency	Time it Should be Given	When is the next dose due?

Please use another sheet, if needed.

### **Vaccine History (or Titer Information):**

Vaccine Name	Date Given	Date Due



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Pharmacy Name:
Address:
Phone:
Fax:
Email:
Your Pet's Identification (ID)
A stressed pet may try to flee. Be sure your pet has proper ID attached to their collar or harness. This should include an ID tag with your pet's name and your name, address, and phone number. You can also add that they have Addison's disease and need medication. Some people add the vet's information as well. They should also have tags for their license, rabies vaccine, and microchip. Most microchips allow you to update their information online, including medical conditions and medications. Please keep this up to date. Also, it's a good idea to have your vet scan for their microchip regularly to make sure it is still in place.
Pet License Number:
Microchip ID:
Breed Registration Number (if applicable):
Please use this space to provide any additional pertinent information
Date this form was last undated: