

Our pets are treasured members of our families who rely on us to make plans for them in the event of a crisis. Please provide answers as if something were to happen to you and someone would need to come into your home and find your pet. Descriptions and locations help. Make sure you designate someone to care for your pet 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 pet'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: _____

Emergency Contacts

Emergency Contact: _____

Relationship to Owner: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Primary Veterinarian: _____

Veterinary Practice Name: _____

Address: _____

Phone: _____

Email: _____

Alternative Veterinarian: _____

Veterinary Practice Name: _____

Address: _____

Phone: _____

Email: _____

Boarding Facility: _____

Address: _____

Phone: _____

Email: _____

Important Information about your Pet

In addition to filling out this information, we recommend getting copies of all veterinary records in case your pet needs to see a different vet or go to an emergency hospital. Keep them in your "Go Bag."

Pet'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 pet crate-trained? If so, when do they go in the crate? Where are the crates kept (in case you aren't home)? _____

Does your pet have a preferred place and/or hiding place in your home? Please explain and describe location so they can be found if you're not home:

Medical Conditions, including Dates of Diagnosis:

Medications, Doses, & Frequency (for monthly medications, you might want to fill out the next due date in pencil so it can be updated easily):

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

Pharmacy Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

