

# \*\*\* IN CASE OF EMERGENCY \*\*\*

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SHOULD I BE UNABLE TO ATTEND TO MY DOG(S) DUE TO INJURY OR DEATH, PLEASE CONTACT THE FOLLOWING PEOPLE:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Information: \_\_\_\_\_

## ADDITIONAL INFORMATION ON BACK

### \*\*\* DOG INFORMATION \*\*\*

**IF INJURED, PLEASE CONTACT MY VET OR TAKE TO NEAREST EMERGENCY VET HOSPITAL**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Breed: \_\_\_\_\_ DOB: \_\_\_\_\_  
Color: \_\_\_\_\_ Microchip/Tattoo: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Veterinary Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ After-hours Phone: \_\_\_\_\_

Medical Information, Allergies, Medications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photo: \_\_\_\_\_

## ADDITIONAL INFORMATION ON BACK