

Pet Emergency Contact and Caregiver Form

Please fill out this form and leave it in a visible location (such as the refrigerator) for emergency services or temporary caregivers.

1. Pet Owner Information

Owner's Full Name:

Primary Phone Number:

Alternative Phone Number:

Home Address:

2. Pet Details

Pet's Name:

Species (e.g., Dog, Cat, Bird):

Breed and Color/Markings:

Age / Date of Birth:

Microchip Number and Company:

3. Designated Caregiver Information

The following individuals have permission to make decisions regarding my pet(s) in my absence.

Primary Caregiver

Full Name:

Phone Number:

Relationship to Owner:

Secondary/Backup Caregiver

Full Name:

Phone Number:

Relationship to Owner:

4. Veterinary and Medical Information

Primary Veterinary Clinic:

Veterinarian Name:

Clinic Phone Number:

Clinic Address:

Preferred Emergency Veterinary Hospital (24/7):

Emergency Vet Phone Number:

5. Critical Care & Medical Instructions

Medical Conditions / Allergies:

Current Medications and Dosages:

Feeding Instructions (Brand, Amount, Schedule):

Veterinary Care Financial Limit (e.g, Authorized up to \$1000):