



EMERGENCY PET INFORMATION

OWNER INFORMATION

Your Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

YOUR EMERGENCY CONTACT *(Person who may need to know about your situation or who has information on your condition.)*

Name: _____ Relationship: _____
Phone #: _____

PET CAREGIVER INFORMATION *(Primary Emergency Pet Caregiver)*

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

ALTERNATE EMERGENCY PET CAREGIVER

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

VETERINARIAN

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____

EMERGENCY PET INFORMATION *(Continued)*

PET EMERGENCY CARE CENTER – *After Hours Emergency Care*

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____

INFORMATION FOR PET CAREGIVERS

Thank you for agreeing to take care of my pet(s) if due to an emergency, illness or death, I am unable to do so. My signature below is authorization for veterinarian care and treatment, if necessary. **In the case of any of my pets noted are adopted from Arizona Golden Retriever Connection (AZGRC), that organization must be notified of my condition and will aid in the arrangements for my pet(s).** Contact information for AZGRC is at the bottom of this page.

Below is most of the information you will need.

Your Name (Please Print) _____
Your Signature _____ Date: _____

BUSINESS INFORMATION

PET HEALTH INSURANCE

If you have a pet insurance policy, please provide the following:

Name of Insurance Company: _____
Phone Number: _____
Policy Number: _____

POWER OF ATTORNEY

If you have a power of attorney for dealing with pet related matters in the event of your incapacity or death, please provide the following:

Name of person appointed to act in your absence: _____
Phone number of person named above: _____
Location of Power of Attorney document: _____

TRUSTEE CONTACT INFORMATION

If you have a trustee appointed to distribute the assets you have allocated for pet care, please provide the following information:

Name of Trustee: _____
Phone #: _____
Location of trust or pet estate planning documents: _____

EMERGENCY PET INFORMATION *(Continued)*

PET INFORMATION

(Please copy and complete the following pages for each pet.)

Pet's Name: _____ Sex: _____

Date of Birth: _____ Has your pet been spayed or neutered? _____

Breed: _____ Adopted through AZGRC? ___ Yes (Contact AZGRC) ___ No

Please indicate if your pet has the following identification:

Microchip ID: (Brand) _____ ID Number: _____

License: (City or County) _____ Tag Number: _____

Tag with your name, address, phone: _____

If tags/collars are not on the pet, where are they? _____

Identification Marks: _____

Significant Medical History: _____

Location of Food and Medicine: _____

FEEDING INSTRUCTIONS:

Type and amount of food: _____

Number of daily feedings & time of day: _____

Supplements: _____

Types/Names of medications: _____

Medication Instructions: _____

Type of flea and heartworm preventative: _____

Date heartworm preventative is given: _____ Date flea preventative given: _____

Special Needs: _____

Behavioral Habits: _____

Please note any verbal or non-verbal commands your pet responds to as well as any body language used to communicate: _____

Please outline your pet's daily routine (walking, eating, sleeping, playing bathroom habits) _____

Where is his/her leash? _____

EMERGENCY PET INFORMATION (Continued)

PET INFORMATION (Continued)

Please attach a current photo of your pet. If you may be using this form for emergency purposes, please be aware that a photo of you with your pet is often proof of ownership and will facilitate reuniting you with your pet should you become separated.

Is your pet housebroken? _____ Is your pet allowed outside off leash? _____

Is your pet crate trained? _____ Doe he/she have a crate? _____

Where are crate(s), toys, etc.? _____

Where does your pet sleep? _____ Does your pet like other animals? _____

Does your pet like children? _____ Where are your pet's veterinary records located in your home? _____ (please attach most recent exam record)

Who will most likely be a permanent caregiver for your pet(s)?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #. _____ Alternate Phone #. _____

OTHER PERTINENT INFORMATION

Any other pertinent information, other than specific pet care information addressed in the previous pages, to help others provide for your pet(s) in the event of your disability or death:

*We never know when an accident, disaster, tragedy, or sudden illness may strike. Having information and a plan ready is one of the most loving gestures you can give you family and friends should something happen to you. **YOU** know your pet(s) needs and he/she is relying on you. Please take the time to fill out this form for the welfare & safety of him or her.*

04/2012