

Place pet  
current  
photo here

# Emergency Pet Care Information

Complete this form for each pet. Keep in Family Disaster Plan notebook with any other vital medical information.



## Immunization Record

Type	Date/Year

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Description of pet:

\_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone-Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Veterinarian \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Boarding Facility \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Out of Area Contact \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

## Medications:

(list all medications your pet takes including frequency and dosage)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_