

Pet Emergency Information Sheet

CREATED BY FLOOFLY

 KEEP THIS SHEET ACCESSIBLE IN CASE OF EMERGENCY

Pet Identification

Pet Name:	_____	Species:	_____
Breed:	_____	Sex:	_____
Date of Birth:	_____	Age:	_____
Weight:	_____	Color/Markings:	_____

 ATTACH RECENT PHOTO HERE

(Tape or staple a clear, recent photo of your pet)

Identification & Registration

Microchip Number:	_____	Registration Company:	_____
License Number:	_____	GPS Tracker Details:	_____

 **Medical Information**

Medical Conditions: _____
Allergies: _____
Current Medications: _____
Medication Dosage: _____
Special Needs: _____
Dietary Restrictions: _____

 **Primary Veterinarian**

Veterinarian Name: _____	Clinic Name: _____
Clinic Phone: _____	Clinic Address: _____

 **Emergency Veterinary Hospital**

Hospital Name: _____	Emergency Phone: _____
Emergency Address: _____	

 **Emergency Contacts**

Primary Owner:	-----	Mobile Number:	-----
Secondary Owner:	-----	Mobile Number:	-----
Trusted Family Member:	-----	Mobile Number:	-----
Pet Sitter / Caregiver:	-----	Mobile Number:	-----

Emergency Instructions

Feeding Instructions: -----
Medication Instructions: -----
Behavioral Notes: -----
Handling Instructions: -----
Special Warnings: -----

Travel & Boarding Information

Preferred Boarding Facility:	-----
Phone:	-----
Preferred Pet Sitter:	-----
Phone:	-----
Insurance Provider:	-----
Policy Number:	-----

SOS QUICK REFERENCE - EMERGENCY

CRITICAL INFORMATION	
Pet Name:	-----
Microchip Number:	-----
ALLERGIES:	-----
Emergency Vet Phone:	-----
Owner Phone:	-----

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Last Updated: -----