



Emergency Notification Regarding My Pet(s)

In Case of an Accident or Death

In the event that I am incapacitated and unable to make my wishes known regarding my pet(s) while I am away and they are under someone else's care, please honor the following requests:

The welfare of my pet(s) is a primary consideration.

DO NOT turn over to Animal Control.

CONTACT THE FOLLOWING AS SOON AS POSSIBLE

Contact name _____
Home () _____ Work () _____ Cell () _____

IF THEY CANNOT BE REACHED, PLEASE CONTACT

Contact name _____
Home () _____ Work () _____ Cell () _____

All expenses for the pet(s) will be guaranteed by them.

If the above named person(s) cannot be reached, my pet(s) (injured or not injured) are to be cared for by my veterinarian and be kept in the best possible manner until arrangements can be made to get them home.

I prefer that my veterinarian be contacted regarding decisions on the pet's care and treatment. My veterinarian has all of my pet's medical records available and knows my wishes.

CONTACT MY VETERINARIAN

Name _____
Hospital/Clinic Name _____
Address _____
City _____ State _____ Zip _____
Phone Number () _____ Cell Number () _____

CONTACT MY PET SITTER

Name _____
Home () _____ Work () _____ Cell () _____

My pet sitter has the information and authority to care for my pets and knows who to turn them over to. My pets can be released to my pet sitter from any authorities. Initial _____

If any pet is injured beyond all hope of recovery, that pet is to be humanely euthanized. Initial _____

Photographs and descriptions of the pets are attached. For identification purposes, these pets are tagged or tattooed with an identifying number or have had a microchip implant.

Owner signature _____ Date _____

Name _____
Address _____
Home () _____ Work () _____ Cell () _____
E-mail _____

Spouse/significant other _____

My pet's guardian _____
Home () _____ Work () _____ Cell () _____
E-mail _____