

Emergency Contact and Medical Information for My Pet

Pet's Name

Allergies/Special Health Considerations (Continue on back of the page if needed)

Pet Owner's Name

Veterinarian

Home Phone

Work Phone

Office Phone

Emergency Phone

Address

Address

City, State

City, State

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST

City, ST

Local Information

Pet Sitter

Phone Number

Boarding Kennel

Phone Number

Animal Shelter

Phone Number

Animal Control Officer

Phone Number

I authorize all medical and surgical treatment and/or hospital procedures as may be performed or prescribed by my veterinarian and/or alternative emergency contacts for my pet and waive my right to informed consent of treatment. This waiver applies only in the event that the pet owner(s) cannot be reached in the case of an emergency.

Pet Owner's Signature

Date

Pet Owner's Signature

Date