

CANINE EMERGENCY CARD

OWNER'S INFORMATION

Owner's Name: _____

Phone: _(____)_____-_____

Owner's Name: _____

Phone: _(____)_____-_____

Additional Contact: _____

Phone: _(____)_____-_____

Home Address: _____

Photo
Color per gender

VETERINARY INFORMATION

Regular Vet: _____ Phone: _(____)_____-_____

Address: _____

Emergency Vet: _____ Phone: _(____)_____-_____

Address: _____

Poison Control Hotline: (888) 426-4435 (consultation fees will apply)

PET INFORMATION

Name: _____ DOB: ____/____/____

Breed: _____ Gender: _____

Microchip #: _____ Altered: _____

Weight: _____ Fur Length: _____ Eye Color: _____

Coat Color/Markings: _____

Medications/Dosage: _____

Medical Conditions (incl. Allergies): _____

