

# 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): \_\_\_\_\_  
\_\_\_\_\_

