



Emergency Pet Profile

Guardian Information:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ - _____ Email: _____

Pet Information:

Name: _____ Age: _____

Cat Dog Male Female

Breed: _____

Is your pet:

Housebroken/Litter-trained Yes No
Spayed/Neutered Yes No

Would your pet be happy with:

Children Yes No

If yes, what age is ideal: _____

Dogs Yes No Cats Yes No

Additional information/clarification of above questions:

Does your pet have any dietary restrictions, allergies, favorite foods, ideal feeding time? Please explain:

Please list any additional details caregivers should know about your pet. (Include any pertinent medical conditions and care.)

Veterinarian's Name:

_____, DVM

Telephone: _____

Last Medical Exam: _____

Up-to-date on vaccinations? Yes No

Has your animal ever expered an adverse reaction to vaccinations: Yes No

Explain: _____

Current Medications, Dosage, Frequency:

Brief Summary of Previous Medical Problems:

Any behavioral issues:

How can a caregiver get updates on your health? Who are your local resources they should contact:

Name: _____ Phone: _____

Email: _____

Relationship to you: _____

Name: _____ Phone: _____

Email: _____

Relationship to you: _____

Name: _____ Phone: _____

Email: _____

Relationship to you: _____