Pet Emergency Care and Medical Information Form

SCPD Emergency Preparedness Committee

Keep this form in your Vial of Life & Give a Copy to your Pet's Foster Parent

#1—Pet's Name _____ **Species**_____ **M / F** **Age**_____ **Weight** _____
Breed_____ **Color/Special Markings** _____

Micro Chip I.D. #_____

Micro Chip Company_____ Phone _____

#2—Pet's Name _____ **Species**_____ **M / F** **Age** _____ **Weight** _____
Breed_____ **Color/Special Markings** _____

Micro Chip I.D. #_____

Micro Chip Company_____ Phone _____

Owner's Name _____

Owner's Address _____ **Phone** _____

Emergency/Foster Care

In an emergency, if the owner is unable to care for the animal/s, who have you designated for foster care (share a copy of this form with the designated foster parent)

Name _____ Address _____
Phone/s_____ Email _____

Veterinarian & Medical Information

Veterinarian's Name / Hospital _____

Address _____ Phone/s_____

Medical Information including medications, allergies & special care instructions. Be specific as to quantities, frequencies of food and medicines. Use reverse side if needed.

_____

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_____

Owner's Signature _____ **Date** _____

9/28/22 LC/RM