

IN CASE OF AN ACCIDENT/EMERGENCY

(Please place this page in your vehicle or on your person when traveling with dogs)

In the event that I am incapacitated or unable to make my wishes known, please arrange for the care of my pets and I guarantee all expenses will be covered for their care and/or boarding.

Owner Name:
Owner Address:
Owner City: State: Postal Code:
Primary Phone: Cell Phone:
Spouse/Partner: Phone:
Signature: ...Date:

Alternate Support Name:
Address:
City: State: Postal Code:
Primary Phone: Cell Phone:
Signature: ...Date:

Pet 1:

Dog Cat Other
Vet/Clinic Name:
Clinic Phone: Microchip? YES NO Chip No:

Pet 2:

Dog Cat Other
Vet/Clinic Name:
Clinic Phone: Microchip? YES NO Chip No:

Pet 3:

Dog Cat Other
Vet/Clinic Name:
Clinic Phone: Microchip? YES NO Chip No: