



PETS in case of emergency

PLEASE fill this form in for each of your pets, especially those that can go missing. Give copies to your family neighbours, close friends & pet carers'. Leave one copy somewhere obvious, at work & home!

Pet Care Services
www.PAWsomeMOMS.com

Owner's name: _____

Home #: _____ **Cell #:** _____ **Work #:** _____

Address: _____

Designated Emergency Pet Guardian: _____

Home #: _____ **Cell #:** _____ **Work #:** _____

E-mail address: _____

Address: _____

Pet's name: _____ Dog Cat Other

Breed: _____ **Sex:** Male Female **Age:** _____

Spayed/Neutered: Yes No

ID Microchip: Yes No **If yes, Microchip #:** _____

Weight: _____ **Height:** _____ **Eye color:** _____ **Tail:** _____

Hair color: _____ **Hair length:** _____

Veterinarian office: _____

Vet's name: _____ **Phone #:** _____

Date of last vaccinations: _____

Any medical conditions/allergies? _____

Any special medications? _____

General disposition: _____

Is your pet good around children? Yes No

Is your pet good around dogs? Yes No

Is your pet good around cats? Yes No

Specific identifying marks and/or features that would help to ID your pet: _____

List of people who could identify your pet: _____

1. Name _____

Phone _____

2. Name _____

Phone _____

Notes _____

*Staple, glue or tape
a recent photo of your pet
here*