



PET EMERGENCY CARE PLAN

In case of emergency, please use the information below to ensure the safe care and transfer of my pet(s).

OWNER INFORMATION

Owner Name(s): _____

Phone: _____

Address: _____

PET INFORMATION

Pet #1

Name: _____

Breed: _____

Age: _____

Color/Markings: _____

Microchip #: _____

CARE INSTRUCTIONS (BRIEF)

- **Feeding:** _____
- **Medications:** _____
- **Allergies/Medical Needs:** _____
- **Behavior Notes:** (e.g., nervous with strangers, crate-trained)

Pet #2

Name: _____

Breed: _____

Age: _____

Color/Markings: _____

Microchip #: _____

CARE INSTRUCTIONS (BRIEF)

- **Feeding:** _____
 - **Medications:** _____
 - **Allergies/Medical Needs:** _____
 - **Behavior Notes:** (e.g., nervous with strangers, crate-trained) _____
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(Attach additional page if needed)

EMERGENCY GUARDIANS (PLEASE CONTACT IN THIS ORDER)**Primary Guardian**

Name: _____

Phone: _____

Address: _____

Relationship: _____

Backup Guardian

Name: _____

Phone: _____

Address: _____

Relationship: _____

VETERINARY INFORMATION

Primary Vet Clinic: _____

Phone: _____

Address: _____

Emergency / 24-Hour Vet: _____

Phone: _____

TRAVEL & SAFETY NOTES

- Dogs are **crate-trained** and travel in secured crates.
 - Please **do not remove dogs from crates** unless necessary.
 - Dogs may be stressed but are **not aggressive**.
 - Leashes and supplies are located: _____
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TEMPORARY / PERMANENT CARE AUTHORIZATION

I authorize the listed guardians to take **temporary or permanent custody** of my pet(s) and make veterinary and care decisions if I am unable to do so.

Owner Signature: _____

Date: _____

WHERE TO KEEP THIS PLAN

- ☐ Vehicle glove box
- ☐ Attached to crate
- ☐ With emergency contact
- ☐ Phone / cloud copy