Pet Emergency Preparedness Plan

Owner(s) contact details:	Important phone numbers:
*	Veterinarian:
*	Emergency veterinarian:
	Local emergency contact(s):
Location of pet supplies:	Non-local emergency contact(s):

Pet details:

Name: _____	Diet and feeding details:
Responds to: _____	
Species: _____	
Breed: _____	Medication (Y/N, dosage/instructions):
Sex (altered/intact): _____	
Date of birth (or approximate age): _____	
Color (markings/unique features): _____	Special instructions/personality info:
Identification info (collar, microchip number, etc.): _____	

Pet's photo:

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