



WHAT YOUR PET SITTER NEEDS IN AN EMERGENCY SITUATION

MEDICAL INFORMATION

NAME _____ AGE _____

MALE/ NEUTERED _____ FEMALE/ SPAYED _____

SPECIES _____ BREED _____

DAYTIME VETERINARY HOSPITAL

Name _____

List medications that your pet is on. Include drugs name, how much is given (mg., ml.) and how often it is given.

Does your pet have allergies to any medications? YES/NO Food? YES/NO

Has your pet been treated for or diagnosed with any major problems? i.e. heart, kidney or liver disease, asthma, cancer, diabetes, seizures, eye problems.

Explain: _____

Have any blood tests or x-rays been done in the last 2 years? Why? What were the results?

Your comments regarding veterinary care:

PET CARE CHOICES

The following questions may be difficult for you to answer, but they are even **more** difficult for your pet sitter to answer without your guidance. Please discuss with your pet sitter what your wishes are should your pet become ill or injured. Also, provide them with a recent picture and description of your pet in case your pet becomes lost. Be sure your pet has adequate ID on its collar.

If you are unable to be contacted who do you authorize to make medical and financial decisions for your pet, including euthanasia?

Please list full name and phone number of contacts: _____

If your pet died, what would you **want** done with the body? _____

Private cremation (**ashes** returned in urn)

None private cremation (no ashes returned)

What are your financial limits for your pet's emergency care? _____

Payment authorization:

CARD# _____ - _____ - _____ - _____

EXP: ____ CVV CODE: ____ BILLING ZIP: ____

VISA/ MASTERCARD/ AMEX /DISCOVER/ CARECREDIT
AMOUNT AUTH:

Receipt: Mail to owner/ send with pet sitter/ shred

Your contact information you can be reached at while away i.e. phone, email, address:
