

Pet Emergency Medical Info

Pet Name: _____ Cat / Dog / Bird Breed: _____

Appearance (color, size, markings): _____

IN AN EMERGENCY

Non-Pet Emergency **911** / _____ Poison Control: _____

Veterinarian: _____ Telephone: _____

Animal Hospital: _____ Telephone: _____

Family Name: _____ Telephone: _____

Address (street, city, state): _____

Mobile Phone: _____ Alt Phone: _____

PET IDENTIFICATION INFO

Micro Chip: Reg # _____ Tattoo: Code _____

Collar: Tag ID # _____ Tag GPS Activated: Yes / No

Medical Info & Vaccinations

Allergies: _____ Spayed: Yes / No Year: _____

Litters: _____ Surgery (Date & Type): _____

Chronic Issues: _____

Rabies Last Shot: Date _____ Rabies Registration #: _____

Core Vaccinations Canine Feline

Distemper (Last Date): _____ Panleukopenia (Last Date): _____

Paravirus (Last Date): _____ Calicivirus (Last Date): _____

Adenovirus (Last Date): _____ Herpesvirus (Last Date): _____

Other: _____ Other: _____

Additional Information

