



Emergency Dog Care Statement

Please complete one form per dog

Name	
Address	
Phone Number	
Email	
Emergency Contact 1 Name	
Emergency Contact 1 Address	
Emergency Contact 1 Phone No.	
Emergency Contact 2 Name	
Emergency Contact 2 Address	
Emergency Contact 2 Phone No.	
Dog's Name	
Breed	
Age	
Colour / distinguishing markings	
Is your dog microchipped?	
Neutered / Intact	
Vet Practice Name	
Vet Practice Address	
Vet Practice Phone No.	
Dog Food Brand	
Food Location in House	
Fed AM and PM?	

Any Allergies?	
Health Conditions	
Medication Given and Frequency	
Medicine Location in House	
Last Time Vaccinated	
Last Time Flea Treated	
Last Time Wormed	
Good with People?	
Good with Other Dogs?	
Other Vital Information	

Please arrange for my dog to be delivered to or collected by one of the two Emergency Contacts detailed on this form. I wish for my dog to be cared for by one of the parties listed until I am well enough for my dog to return home. I confirm that that the parties have agreed in advance that they will care for my dog.

I hereby give permission for my Emergency Contacts to make veterinary medical decisions for my dog, and for the listed persons to be given access to vaccination and preventative medicine information that is held by my vet

In the event of my death, I wish for my dog to remain with one of the parties listed. My will contains / does not contain* specific instructions relating to the care of my dog.

I understand that there may be need for my Emergency Contacts to make alternative arrangements in the event that they are also unable to care for my dog, and I accept that any such arrangements shall be made in good faith.

Signature _____

Date _____