

# PET DOSSIER

## OWNER INFORMATION:

Name(s) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

This might include friends, family members, and neighbors who may not necessarily take care of your pets but are willing to assist in case of an emergency.

Contact#1 \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Contact#2 \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

## VETERINARIAN INFORMATION:

Please provide your veterinarian with a copy of your care instructions. Make sure your veterinary clinic knows who to contact in case of an emergency.

Primary Veterinarian or Emergency Care Facility \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Main (     ) \_\_\_\_\_ Cell/ Emergency Phone (     ) \_\_\_\_\_