



## *Emergency Animal Information Passport*

**Update this record every year. For the year of \_\_\_\_\_.**

We never know when an accident, disaster, tragedy, or sudden illness may strike. Having information and an emergency plan in place is one of the most critical components to emergency planning. Please complete both sides of this form and keep this information updated, safe, secure and readily accessible! Complete one passport for each animal.

### **Guardian Information**

Primary Caregiver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Office phone: (\_\_\_\_) \_\_\_\_\_ Other phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### **Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone numbers: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### **Primary Emergency Animal Caretaker Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone numbers: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### **Alternate Emergency Animal Caretaker Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone numbers: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### **Veterinarian**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone number: (\_\_\_\_) \_\_\_\_\_

### **Animal Emergency Care Center – After hours Emergency Care**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone number: (\_\_\_\_) \_\_\_\_\_

**Complete one passport for each animal.**

**Animal's Information**

Animal's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes  No

Breed: \_\_\_\_\_

Distinguishing markings or scars: \_\_\_\_\_

Main Color: \_\_\_\_\_ Secondary Color(s) \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Type of Heartworm and Flea Prevention Given: \_\_\_\_\_

Date Heartworm and Flea Prevention is Given: \_\_\_\_\_

Date of Last Vaccination: \_\_\_\_\_ Date of Last Rabies Vaccination: \_\_\_\_\_

*(attach a copy of vaccination history and county rabies form to this form)*

License (County): \_\_\_\_\_ Rabies Tag Number: \_\_\_\_\_

Microchip ID (Brand): \_\_\_\_\_ ID Number: \_\_\_\_\_

Food Brand/Special Diet: \_\_\_\_\_

**Canned** or **Dry** Food serving size: \_\_\_\_\_ Feedings per day: \_\_\_\_\_

(Circle)

Special Needs: \_\_\_\_\_

\_\_\_\_\_

Behavioral Habits: \_\_\_\_\_

\_\_\_\_\_

Please note any verbal or non-verbal commands your pet responds to as well as any body language used to communicate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please outline your dog or cat's daily routine (walking, eating, sleeping, playing, bathroom habits): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Animal Health Insurance**—If you have an animal insurance policy, please provide the following:

Name of Insurance Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Attachments**

Current Photo of Your Animal (preferably with you for ID purposes).

Veterinarian records. Include current Rabies Certificate and other important documents.