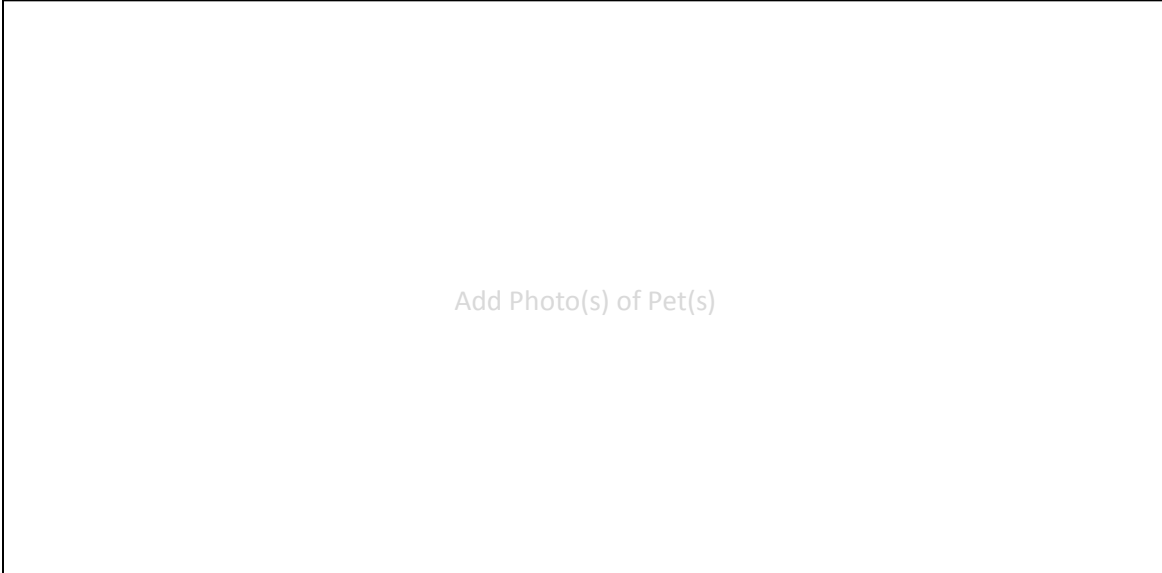


IN CASE OF EMERGENCY

In the event of my incapacitation or death due to serious accident or incident please read the following in regards to the care of my pet(s) listed below who may have been with me or are alone at my home.

My Name _____ My Phone # _____

My Address _____



Pet # 1 _____

Pet #2 _____

Breed _____

Breed _____

Sex _____ Age _____

Sex _____ Age _____

Microchip/Tattoo _____

Microchip/Tattoo _____

(Additional pets on next page)

Our Veterinarian _____

Phone # _____ Address _____

If my pet(s) become loose/separated from me following an accident or incident, the below individuals are to be contacted immediately and they will assist in searching for my pet(s). The photo above may be used for this purpose.

If my pet(s) are home alone please contact the individuals to ensure that they are provided care if I am unable to do so.

Please follow these instructions. My pet(s) should be given the best possible care and consideration. They are very important to me.

Contact #1 _____

Contact #2 _____

Phone # _____

Phone # _____

Contact #3 _____

Contact #4 _____

Phone # _____

Phone # _____

Contact # _____ will be responsible for any payments necessary for the care of my pet(s) including as veterinary costs should they be injured.

Add Photo(s) of Pet(s)

Pet # 3 _____

Breed _____

Sex _____ Age _____

Microchip/Tattoo _____

Pet # 4 _____

Breed _____

Sex _____ Age _____

Microchip/Tattoo _____

Pet # 5 _____

Breed _____

Sex _____ Age _____

Microchip/Tattoo _____

Pet # 6 _____

Breed _____

Sex _____ Age _____

Microchip/Tattoo _____

Pet # 7 _____

Breed _____

Sex _____ Age _____

Microchip/Tattoo _____

Pet # 8 _____

Breed _____

Sex _____ Age _____

Microchip/Tattoo _____