

MY Pet Vital Information

Keep this information in more than one place. Have one in your go-bag and smartphone, if applicable.

Pets Name:
Birth Date:
Breed:
Color:
Distinguishing Marks:

Medical Information:

Medical Conditions:
Medications and doses: *(supply more than one line for this)*

Special Diet:
Feeding Directions:
Allergies

Vaccination History:

Rabies Vaccination Date:
Rabies Tag Date:
Rabies Due Date:
Other vacciantions:

Vaccine: Name	_____	Date Due	_____
Vaccine: Name	_____	Date Due	_____
Vaccine: Name	_____	Date Due	_____

Emergency Contacts

Primary Veterinarian:

Name: _____
Address: _____
Phone Number: _____
Email: _____

Secondary Veterinarian:

Name: _____
Address: _____
Phone number: _____
Email: _____

Emergency Veterinary Clinic:

Name: _____

Address: _____

Phone number: _____

Email: _____

Neighbors/ Friends willing to care for your pet-*you can list four of these areas*

Name: _____

Address: _____

Phone number: _____

Email: _____

Name: _____

Address: _____

Phone number: _____

Email: _____

Pet-Friendly Hotels/Motels- Please call before going to make sure they still accept/have available space for pets.

Name: _____

Address: _____

Phone number: _____

Email: _____

Name: _____

Address: _____

Phone number: _____

Email: _____

Name: _____

Address: _____

Phone number: _____

Email: _____

Boarding Facilities or Kennels

Name: _____

Address: _____

Phone number: _____

Email: _____

Name: _____
Address: _____
Phone number: _____
Email: _____

Animal Shelters

Name: _____
Address: _____
Phone number: _____
Email address: _____

Name: _____
Address: _____
Phone number: _____
Email address: _____

Pet Insurance Policy

Name:
Phone number:
Email:
Policy #: