

EMERGENCY PET PLAN | Owner Last Name & Cell _____

I VOW TO BE PROACTIVE AND MAKE RESPONSIBLE AND THOUGHTFUL ARRANGEMENTS FOR MY PETS(S) IN THE MIDST OF THIS CRISIS. THE FOLLOWING ARE THE PEOPLE I HAVE ENLISTED TO HELP IF I NEED ASSISTANCE CARING FOR MY PET(S).

IN THE EVENT I AM HOSPITALIZED, I _____ HAVE SPOKEN WITH THE FOLLOWING PEOPLE AND THEY HAVE AGREED TO CARE FOR MY PET(S) IN MY ABSENCE:

CAREGIVERS:

- 1. NAME _____ CONTACT NUMBER _____
- 2. NAME _____ CONTACT NUMBER _____
- 3. NAME _____ CONTACT NUMBER _____

MY PET DETAILS:

- 1. **PET's NAME** _____ **AGE mo/yr** _____
SPECIES _____ SPAYED/NEUTERED ____ YES ____ NO
BREED _____ COLOR _____
ANY IDENTIFYING MARKS _____
MEDICATIONS _____
MEDICATION INSTRUCTIONS _____
FOOD BRAND _____
FEEDING INSTRUCTIONS _____
SPECIAL CARE INSTRUCTIONS _____

- 2. **PET's NAME** _____ **AGE mo/yr** _____
SPECIES _____ SPAYED/NEUTERED ____ YES ____ NO
BREED _____ COLOR _____
ANY IDENTIFYING MARKS _____
MEDICATIONS _____
MEDICATION INSTRUCTIONS _____
FOOD BRAND _____
FEEDING INSTRUCTIONS _____
SPECIAL CARE INSTRUCTIONS _____

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3. PET's NAME _____ AGE mo/yr _____
SPECIES _____ SPAYED/NEUTERED ____ YES ____ NO
BREED _____ COLOR _____
ANY IDENTIFYING MARKS _____
MEDICATIONS _____
MEDICATION INSTRUCTIONS _____
FOOD BRAND _____
FEEDING INSTRUCTIONS _____
SPECIAL CARE INSTRUCTIONS _____

4. PET's NAME _____ AGE mo/yr _____
SPECIES _____ SPAYED/NEUTERED ____ YES ____ NO
BREED _____ COLOR _____
ANY IDENTIFYING MARKS _____
MEDICATIONS _____
MEDICATION INSTRUCTIONS _____
FOOD BRAND _____
FEEDING INSTRUCTIONS _____
SPECIAL CARE INSTRUCTIONS _____

VETERINARIAN(S)

1. VET HOSPITAL/CLINIC _____ NUMBER _____
ADDRESS _____
VETERINARIAN NAME _____

2. VET HOSPITAL/CLINIC _____ NUMBER _____
ADDRESS _____
VETERINARIAN NAME _____

EMERGENCY VET HOSPITAL/CLINIC _____ NUMBER _____
ADDRESS _____
VETERINARIAN NAME _____

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CHECK LIST OF SUPPLIES I HAVE PREPARED FOR EACH OF MY PETS (labeled with owner and pet name)

- ___ **TWO WEEK SUPPLY OF FOOD.** Store dry food in a water-tight container. Canned food; include a can opener. Change out food every three months to maintain freshness
- ___ **MEDICATION.** Keep a supply of medications with dosages and directions in the kit
- ___ Hard copies of **VACCINATIONS RECORDS.** Keep copies of your vaccination records on your mobile phone, in cloud or an email so that you can access them easily
- ___ **PET CARRIER** or EvacSak for small pets or multiple cat households if needed
- ___ **LEASH & COLLAR** for each animal
- ___ Copies of **VACCINATION INFORMATION**
- ___ **CARE** instructions
- ___ **CLEANING** supplies such as cat litter or potty pads
- ___ Updated/current **MICROCHIP** information and **TAGS**
- ___ **PHOTOGRAPH** of (each) pet

ADDITIONAL ITEMS TO INCLUDE IN THE EVENT OF A NATURAL DISASTER:

- ___ **ONE WEEK SUPPLY OF WATER.** If officials declare your household water unfit to drink, it’s also unsafe for your pets. Follow American Red Cross guidelines for storing emergency water for your family and your pets.
- ___ **Pet FIRST AID KIT**

My Name	
My Cell	
My Email	
My Address	

Pets Are Family

POST A PICTURE OF YOU AND YOUR PETS AND POST TO SOCIAL MEDIA #PetsAreFamily TO ENCOURAGE OTHERS TO HAVE A PLAN FOR THEIR PETS

#PetsAreFamily

