



CHANCE'S SPOT EMERGENCY ALERT CAREGIVER INSTRUCTIONS

The following information should be used to take care of my pet(s) in the event that I cannot. Please be sure to refer to it so that you can be sure to give them the proper food, medications, and veterinary care. Included are necessary names, phone numbers, and any other important information you may need.

PLEASE NOTE

There are a total of _____ Caregiver Instructions (one set for each pet).

BASIC PET INFORMATION

Name: _____

Attach pet's photo here

Sex: _____ Neutered/Spayed: Y N

Age: _____ Weight: _____

Breed: _____

Color/Distinguishing Markings:

License Tag No.: _____

Microchip No.: _____

MEDICAL CONTACT INFORMATION

Veterinarian:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Pet Insurance Company: _____ Policy No.: _____

24-hour Emergency Pet Hospital:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

24-hour Poison Control: (888) 426-4435

MEDICATIONS

The following medications should be given to: _____

Name of medication: _____ Dosage: _____

Reason for giving this medication: _____

Location of medication: _____

Special instructions: _____

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Reason for giving this medication: _____

Location of medication: _____

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VACCINATIONS RECEIVED

Panleukopenia: _____ Date: _____ Rhinotracheitis: _____ Date: _____

Rabies: _____ Date: _____ Calicivirus: _____ Date: _____

Chlamydia: _____ Date: _____ Feline Leukemia: _____ Date: _____

Feline Infectious Peritonitis: _____ Date: _____

Other: _____

Allergies: _____

SPECIAL CARE

The following instructions are for: _____

Meals and snacks should be given: _____

Pet food and treats are located: _____

Feeding Dishes are located: _____

Litter box is located: _____ Litter is located: _____

_____ Box should be cleaned: _____

Leash and collar is located: _____

Favorite toys or games: _____

Hiding places: _____

Other (e.g., fear of storms, etc.): _____

PUBLIC UTILITIES

In case of a break-in, fire, gas odor, flood, or electrical problem:

Police: 911 Fire: _____ Nearest intersection: _____

Gas Company: _____ Location of gas shut-off valve: _____

Electric Company: _____ Location of breaker box: _____

Water Company: _____ Location of water shut-off valve: _____

ALTERNATE CONTACT PERSON

Nearest relative or neighbor - if needed:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

ADDITIONAL INFORMATION

ADDITIONAL MEDICATIONS

The following medications should be given to: _____

Name of medication: _____ Dosage: _____

Reason for giving this medication: _____

Location of medication: _____

Special instructions: _____

Name of medication: _____ Dosage: _____

Reason for giving this medication: _____

Location of medication: _____

Special instructions: _____

Name of medication: _____ Dosage: _____

Reason for giving this medication: _____

Location of medication: _____

Special instructions: _____

Name of medication: _____ Dosage: _____

Reason for giving this medication: _____

Location of medication: _____

Special instructions: _____