



## CHANCE'S SPOT EMERGENCY ALERT CAREGIVER INSTRUCTIONS

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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: \_\_\_\_\_

Special instructions: \_\_\_\_\_

**VACCINATIONS RECEIVED**

Distemper: \_\_\_\_\_ Date: \_\_\_\_\_ Hepatitis: \_\_\_\_\_ Date: \_\_\_\_\_

Rabies: \_\_\_\_\_ Date: \_\_\_\_\_ Parvovirus: \_\_\_\_\_ Date: \_\_\_\_\_

Lyme's Disease: \_\_\_\_\_ Date: \_\_\_\_\_ Kennel Cough: \_\_\_\_\_ Date: \_\_\_\_\_

Leptospirosis: \_\_\_\_\_ Date: \_\_\_\_\_ Parainfluenza Virus: \_\_\_\_\_ Date: \_\_\_\_\_

Canine adenovirus-2: \_\_\_\_\_ Date: \_\_\_\_\_ Bordetella: \_\_\_\_\_ 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: \_\_\_\_\_

Walk schedule: \_\_\_\_\_

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**

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**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: \_\_\_\_\_