

EMERGENCY PET PLAN



THE BARKING BLOGGER
LET'S TALK DOGS

Complete this Pet Plan for each of your dogs and attach a photo, copies of health records, microchip registration, pet insurance card and proof of vaccines. If you have provided care for your dog through a trust or your will, please attach a copy of the document along with your attorney's contact information.

Owner's Name: _____
Address: _____
Phone: _____ Cell: _____
Email: _____

Emergency Caregiver 1: _____ Emergency Caregiver 2: _____
Address: _____ Address: _____
Phone: _____ Cell: _____ Phone: _____ Cell: _____

Veterinarian Name: _____
Address: _____ Phone: _____

Pet Insurance Company: _____ Phone: _____

Pet's Name: _____ Male Female Date of Birth/Age: _____
Spayed/Neutered ___ Yes ___ No Breed _____
ID Microchip ___ Yes ___ No If YES, Microchip # and Brand: _____
Color, markings, unique features: _____

Diet and feeding info: Brand: _____ Where do you purchase? _____
Is it on Auto-Ship plan? ___ Yes ___ No Company: _____ Date it ships: _____
Feeding Schedule: _____ Amount per feeding: _____
Notes on feeding, such as special bowl?, add water?, _____

Medical info: Flea/Tick Medicine: _____ Date given: _____
Heartworm Prevention: Type: _____ How given: _____
Any additional medicine: Name: _____ Dosage: _____ Pharmacy: _____
Name: _____ Dosage: _____ Pharmacy: _____

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