**IN CASE OF EMERGENCY**

**My pet may be traveling with me**

**Owner’s Name:**

Phone (cell):

Phone (home):

**Address:**

**Dog’s Name:**

Picture

Sex:

Breed:

Altered:

Weight:

DOB:

Micro Chip #:

**Special characteristics/needs of my dog:**

*(Dog’s name)* is an Animal Assisted Therapy Dog & an Animal-Assisted Crisis Response Dog.

**Dog’s recall commands:**

**If I am incapacitated, please honor the following requests:**

If my dog needs medical attention, please contact the vets listed on back of this card and treat my pet for injuries, making him/her as comfortable as possible.

**Primary Vet Name:**

Address:

Phone:

**Emergency Hospital:**

Address:

Phone #:

**Meds:**

**If my dog does *NOT* require medical attention, please contact the person(s) identified below.**

**Contact #1:**

Phone: Home

 Cell

**Contact #2:**

Phone: Home

 Cell

**If they are not available, please transport my pet(s) to:**

Address:

***I guarantee payment of all vet and kennel charges for my pet.***

**Dog Owner:**

Date:

**ASPCA Poison Control 888-426-4435** (fee for service)

**American Poison Control 800-222-1222** (free)