



P.O. Box 1191, Loomis, CA 95650
Tel: (916) 625-6556 ~ www.GoffLegal.com

PET EMERGENCY INFORMATION

Owner Information

Name of Owner: _____

Address: _____ City/St: _____

Zip Code: _____ Telephone: _____

In case of emergency, please contact the following individual to ensure my pet(s) are taken care of immediately:

Name: _____ Relationship: _____

Phone: _____ Cell: _____

E-mail: _____

Address: _____ City/St/ZIP: _____

Pet Information

Name of Pet: _____ Type/Breed: _____

License Tag Number or Microchip: _____

Color and Markings: _____

Eye Color: _____ Weight: _____ Age: _____

Male Neutered Female Spayed

Other Noticeable Identifying Characteristics: _____

Photograph Attached

Veterinary Information

Name of your pet’s veterinarian or clinic: _____

Address: _____

City/St/Zip: _____ Phone: _____

Has your pet had routine veterinary care? Yes No

Has your pet had any major health problems? Yes No

Please explain: _____

What medication has your pet received or is currently receiving?

Medication	Date	Illness	Vet / Clinic Name
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Where in your house can your veterinary records be found: _____

Please attach special instructions involving the care of your pet(s) including feeding requirements/schedule, behavior, likes/dislikes, etc.

Other Information

Name of Executor of Will or Trustee of Trust: _____

Address: _____

City/St/Zip: _____ Phone: _____

What will happen to your pets if something happens to you?

It is recommended that you seek legal advice in designating a caregiver or contingent caregivers in your will or estate plan to provide care for your pets should you predecease them or be incapacitated long-term. If you do not know anyone who would be willing to take your pets if something happens to you, you may want to consider a Surviving Pets program.