



## EMERGENCY PET INFORMATION

**GRROWLS-NY, Inc.**

**P. O. Box 6634**

**Syracuse, NY 13217**

**1-877-GRROWLS (1-877-477-6957)**

**[www.grrowls.org](http://www.grrowls.org)**

### Owner Information

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Your Emergency Contact (Person who may need to know about your situation or who has information on your condition.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

### Pet Caregiver Information

#### **Primary Emergency Pet Caregiver**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Alternate Emergency Pet Caregiver**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Veterinarian**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

### **Pet Emergency Care Center – After hours Emergency Care**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

### **Information for Pet Caregivers**

Thank you for agreeing to take care of my pet(s) if, due to an emergency, illness or death, I am unable to do so. My signature below is authorization for veterinarian care and treatment, if necessary. **In the case of any of my pets noted as adopted from GRROWLS-NY, Inc., that organization must be notified of my condition and will aid in the arrangements for my pet(s).** Contact information for GRROWLS is above and below.

Below is most of the information you will need.

*Your Name Printed* \_\_\_\_\_

*Your Signature* \_\_\_\_\_

### **Business Information**

#### **Pet Health Insurance**

If you have a pet insurance policy, please provide the following:

Name of Insurance Company \_\_\_\_\_

Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

**Power of Attorney**

If you have a power of attorney for dealing with pet related matters in the event of your incapacity or death, please provide the following:

Name of person appointed to act in your absence \_\_\_\_\_

Telephone number of person named above \_\_\_\_\_

Location of power of attorney document \_\_\_\_\_

**Trustee Contact Information**

If you have a trustee appointed to distribute the assets you have allocated for pet care, please provide the following information:

Name of Trustee \_\_\_\_\_

Telephone Number \_\_\_\_\_

Location of trust or pet estate planning documents: \_\_\_\_\_

**PET INFORMATION**

(Please copy and complete the following pages for each pet.)

Pet's Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Has your pet been spayed or neutered? \_\_\_\_\_

Breed \_\_\_\_\_

Adopted through GRROWLS \_\_\_\_\_ Yes (**contact GRROWLS**) \_\_\_\_\_ No

Please indicate if your pet has the following identification:

Microchip ID (Brand) \_\_\_\_\_ ID Number \_\_\_\_\_

License (City or County) \_\_\_\_\_ Tag Number \_\_\_\_\_

Tag with your name, address, phone \_\_\_\_\_

If tags/collars are not on the pet, where are they \_\_\_\_\_

Identification Marks \_\_\_\_\_

\_\_\_\_\_  
Significant Medical History \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Location of Food and Medicine \_\_\_\_\_

**Feeding Instructions:**

Type and amount of food \_\_\_\_\_

Number of daily feedings & time of day \_\_\_\_\_

Supplements \_\_\_\_\_

Types/Names of medications \_\_\_\_\_

Medication

Instructions \_\_\_\_\_

Type of flea and heartworm preventative \_\_\_\_\_

Date heartworm preventative is given: \_\_\_\_\_

Date flea preventative given \_\_\_\_\_

Special Needs \_\_\_\_\_

Behavioral Habits \_\_\_\_\_

Please note any verbal or non-verbal commands your pet responds to as well as any body language used to communicate \_\_\_\_\_

Please outline your pet's daily routine (walking, eating, sleeping, playing, bathroom habits) \_\_\_\_\_

Where is his/her leash? \_\_\_\_\_

Please attach a current photo of your pet. If you may be using this form for emergency purposes please be aware that a photo of you with your pet is often proof of ownership and will facilitate reuniting you with your pet should you become separated.

Is your pet housebroken? \_\_\_\_\_

Is your pet allowed outside off leash? \_\_\_\_\_  
Is your pet crate trained \_\_\_\_\_ Does s/he have a crate \_\_\_\_\_  
Where are crates, toys, etc. \_\_\_\_\_  
Where does your pet sleep? \_\_\_\_\_  
Does your pet like other animals? \_\_\_\_\_  
Does your pet like children? \_\_\_\_\_  
Where are your pet's veterinary records located in your home? \_\_\_\_\_  
\_\_\_\_\_ (please attach most re-cent exam record)  
Who will most likely be a permanent caregiver for your pet(s)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

**Other Pertinent Information**

Any other pertinent information, other than specific pet care information addressed in the previous pages, to help others provide for your pet(s) in the event of your disability or death:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We never know when an accident, disaster, tragedy, or sudden illness may strike. Having information and a plan in the ready is one of the most loving gestures you can give your family and friends should something happen to you. YOU know your pet(s)' needs and s/he is relying on you. Please take the time to fill out this form for your pet(s)' welfare & safety.**

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