

# PLEASE HELP MY PETS AT HOME!



In the event of an emergency, contact  
the designated caregiver on the back of  
this card. Thank you!

**My name:** \_\_\_\_\_ **# of pets:** \_\_\_\_\_

**Pet name(s):** \_\_\_\_\_

**Location(s):** \_\_\_\_\_

PLEASE SEE REVERSE SIDE

## EMERGENCY CAREGIVERS

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

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

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

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

or please call my (circle one)

Employer | Shelter | Pet Sitter | Veterinarian

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

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

# PET CARE INSTRUCTIONS



**Pet Name:** \_\_\_\_\_

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

**Food Type:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

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**Amount:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

MEDICAL & EMERGENCY INFO ON BACK

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

**x/day:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_  Oral  Injectable

**Topical/Site:** \_\_\_\_\_

Shake Well  Refrigerate

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

**x/day:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_  Oral  Injectable

**Topical/Site:** \_\_\_\_\_

Shake Well  Refrigerate

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

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

# PET CARE INSTRUCTIONS



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

**Food Type:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

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MEDICAL & EMERGENCY INFO ON BACK

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

**x/day:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_  Oral  Injectable

**Topical/Site:** \_\_\_\_\_

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

**x/day:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_  Oral  Injectable

**Topical/Site:** \_\_\_\_\_

Shake Well  Refrigerate

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

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