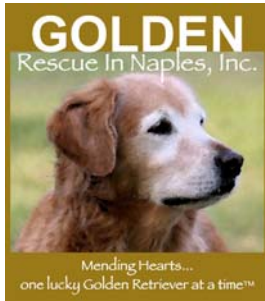


## **EMERGENCY PET INFORMATION**



**GRINinc.org**  
Golden Rescue In Naples, Inc  
P. O. Box 770291  
Naples, Florida 34107-0291  
239-293-8159  
mygoldns@yahoo.com

### **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 \_\_\_\_\_

(Continued)

[www.GRINinc.org](http://www.GRINinc.org) Emergency Phone 239-293-8159

## 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 GRIN Inc., that organization must be notified of my condition and will aid in the arrangements for my pet(s).** Contact information for GRINinc 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: \_\_\_\_\_

(Continued)

[www.GRINinc.org](http://www.GRINinc.org) Emergency Phone 239-293-8159

**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 GRIN Inc? \_\_\_\_ Yes (contact GRINinc) \_\_\_\_ 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.

(Continued)

