

# Emergency Pet Plan

## Pet Schedule

Pet Name: \_\_\_\_\_ ID or Tracking Number: \_\_\_\_\_  
Medication 1: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Medication 2: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Medication 3: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Special Food: \_\_\_\_\_ Location: \_\_\_\_\_  
Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

## Emergency Contacts

Veterinarian: \_\_\_\_\_ Hours: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Pet-Sitter: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_  
Animal Shelter: \_\_\_\_\_ Hours: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

## Pet Supply Kit Checklist

- |   |  |
|---|--|
| <input type="checkbox"/> Pet First Aid Kit          | <input type="checkbox"/> Medication            |
| <input type="checkbox"/> Pet Food (One Week Supply) | <input type="checkbox"/> Medication Applicator |
| <input type="checkbox"/> Bottled Water              | <input type="checkbox"/> Blankets              |
| <input type="checkbox"/> Food/Water Bowl            | <input type="checkbox"/> Small/Portable Bed    |
| <input type="checkbox"/> Paper Towels               | <input type="checkbox"/>                       |
| <input type="checkbox"/> Pet Carrier                | <input type="checkbox"/>                       |
| <input type="checkbox"/> Harness/Muzzle             | <input type="checkbox"/>                       |
| <input type="checkbox"/> Leash                      | <input type="checkbox"/>                       |
| <input type="checkbox"/> Litter Box/Litter          | <input type="checkbox"/>                       |
| <input type="checkbox"/> Garbage Bags               | <input type="checkbox"/>                       |
| <input type="checkbox"/> Scooper                    | <input type="checkbox"/>                       |
| <input type="checkbox"/> Toys                       | <input type="checkbox"/>                       |
| <input type="checkbox"/> Snacks                     | <input type="checkbox"/>                       |
| <input type="checkbox"/> Flashlight/Batteries       | <input type="checkbox"/>                       |
| <input type="checkbox"/> Disinfectant               | <input type="checkbox"/>                       |
| <input type="checkbox"/> Soap                       | <input type="checkbox"/>                       |