

Bird and Exotic Clinic
1546 NW Market St.
(206)783-4538

What Your Pet Sitter May Need To Know
In Case Of an Emergency

Medical Information

Name _____ Age _____
Male _____ Female _____ Neutered?/Spayed? _____
Species _____
Diet _____

Does your pet have allergies to any medications?

No? ___ Yes? ___

If yes, please explain:

Has your pet been diagnosed or treated for any major medical problems?

No? ___ Yes? ___

If yes please explain:

Has your pet had a wellness exam? Including blood panels, fecal float and direct, and cultures.

No? ___ Yes? ___

If no, are you willing to allow necessary testing to be ran in your absence? _____

List *any* and all medications your pet has been prescribed, please include dosage and frequency.

The following questions may be difficult to answer but will be even more difficult for your pet sitter to answer in the event of emergency

If you are unable to be contacted who do you authorize to make financial and medical decisions for your pet including euthanasia?

Name _____ Phone _____

Please provide a Visa or Mastercard number in case of an emergency.

Number _____ Exp. Date _____

Amount Authorized _____

If your pet passes away what would you like done with the remains? _____

How can you be reached? _____

If any emergency occurs please don't hesitate to call. The sooner, the better ☺ ☺ ☺ ☺ ☺ ☺ :