

Pet Emergency Information Sheet

Pet's Information



Pet's Name: _____ Age: _____

Breed: _____ Male Female Spayed/Neutered

Microchip/Tattoo #: _____ Licence #: _____

Vaccinations Up-to-Date Records Attached or Located: _____



Owner's Information



Owner's Name: _____ Phone Number: _____

Address: _____
Street City/Town Prov Postal Code

Other Contacts: _____

Feeding Information



Brand/Type: _____

Feeding Schedule/Quantity (i.e. 1 cup of food at 9:00 a.m.; 1 cup of food at 5:00 p.m.):

Medical Information



Veterinary Clinic: _____ Phone Number: _____

Address: _____
Street City/Town Prov Postal Code

Medical Conditions, Medications & Treatment:



**SASK
SPCA**

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