SANDY RIDGE KENNELS

Emergency Contact and Veterinarian Information

| | | | | | M F | |
|---|--|--|---|---|---|---|
| Pet's Name | | Age | | | Sex | |
| Pet Owner's Name | | Spouse | | | | _ |
| Home Phone | Work Phone | Home Phone | | Work Phone | (5) | _ |
| Address | | Address | | | | |
| City, ST ZIP Code | | City, ST ZIP Co | ode | | | |
| | Alternative I | Emergency Conf | tacts | | | |
| | | _ | IV |) | | |
| Primary Emergency Contact | | Secondary Eme | rgency Contact | | | |
| Home Phone | Work Phone | Home Phone | | Work Phone | | _ |
| Address | | Address | | | | |
| City, ST ZIP Code | 9,10 | City, ST ZIP Co | ode | | | |
| | Veterina | arian Informatio | n | | | |
| | | | | | | |
| Veterinarian's Name | | | Phone Number | er | | |
| Allergies/Special Health Consid | derations | | | | | |
| and then your emergency conta arrangements for transport and way) your dog to your veterinar Hospital. If the emergency take nearest afterhours emergency | ransport your dog to the veterinar acts, if you are unavailable. It will financial responsibility. If both you are for a fee of \$50.00. If your vees place beyond normal business animal hospital. Upon arrival at the to discuss treatment options, arrangement. | be the responsibilition and your emergenterinarian is unavail hours (Weekends and veterinary office, | ty of you and you ency contacts ar lable, we will tra and Afterhours) we will provide | ur emergency contact to the unavailable, we will to the sport your dog to Fuque we will transport your dothe office with your nar | o make ransport (one uay Veterinary log to the | |
| Pet Owner's Signature | | | Date | | | _ |