

## My Pet's Information Card

In case of an emergency, keep a copy in your first aid kit or car

Pet's Name	Age (or year of birth)	Current Weight: lbs or kgs
Owner's Name	P	hone Number
Breed	(0	Circle One) Sex: Male/Female Spayed/Neutered
Current Medication(s)		
Medical Conditions	A	llergies
Vaccine History (can attach print out form from	veterinary clinic)	
Veterinary Clinic Name	P	hone Number
Emergency Contact(s)		
Attach a hard copy of a current photo an	d copy of rabies certificate/vaccine	erecord
(Optional)		
Microchip Number (and where it is registered)	R	abies Tag Number



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