

## **EMERGENCY PLAN**

Name:	Phone:
Address:	
PET-FRIENDL	Y HOTELS / SHELTERS
Name:	Phone:
Address:	
Name:	Phone:
Address:	
VETERINARIA	N / ANIMAL HOSPITALS
Business name:	Phone:
Business name:	Phone:
Address:	

## **PET INFORMATION**

Name:	
Type of animal / breed:	
Additional information:	
Name:	
Type of animal / breed:	
Additional information:	
Name:	
Type of animal / breed:	
Additional information:	

We recommend also attaching a copy of each pet's vaccination records to this plan.