



DVGRR
DELAWARE VALLEY
GOLDEN RETRIEVER
RESCUE, INC.

60 Vera Cruz Road,
Reinholds, PA 17569

(717) 484-4799

info@dvgr.org

Emergency Pet Information

*Put one copy on your refrigerator. Give one copy to a friend.
File one copy with your medical information, and a copy in your purse or wallet.*

Your Name: _____

Phone: _____ Email: _____

Address: _____

Pet Emergency Contact Name: _____

(a person who can get into your home to care for your pet ASAP)

Phone: _____ Email: _____

Address: _____

Vet's Name and Phone: _____

Your Pet's Name: _____

My Pet is a: Dog Cat Other _____ Birth Year of Pet: _____

Breed: _____ Gender: Male Female Neutered/Spayed: Yes No

Please circle and fill in appropriate answers:

1. My pet gets along with: Dogs Cats Does NOT get along with other animals

2. My pet's reaction to new people is: Friendly Cautious Fearful Aggressive

3. My pet has a medical condition: Yes No

If yes, what condition(s): _____

4. My pet takes medication: Yes No

If yes, what medication and dosage: _____

5. My pet's feeding habits are: (brand of food, portion, allergies, diet restrictions)

6. Other important information to know about my pet:



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Pet Emergency Care Directive

***If something happened to me,
what would happen to my pet?***

We often assume that we will outlive our pets but that is not always the case. Unfortunately, a lack of planning results in up to 500,000 pets surrendered to U.S. shelters each year after an owner becomes incapacitated or passes away.

If a health issue, a change in housing, or other unexpected situations were to arise, advanced planning will help your pets in time of need. Get started by:

1. Identifying Caregivers

Talk with friends, family members, and neighbors about becoming your pet's designated caregiver. Identify at least two people (a primary caregiver and one backup) to care for your pet on a temporary or permanent basis or who will make arrangements for your pets. Make sure to get commitments in writing from all parties.

2. Documenting important information

Prepare information detailing the daily care needs and medical history of your pet. Make sure there are copies with your will and in places where it can be easily found like on your refrigerator, in your purse, car, and wallet.

3. Formalizing your wishes

- Document your wishes and identify caregivers in your will.
- Set aside funds to cover your pet's future expenses.
- Make sure copies of your wishes are documented with your own advanced planning health documents.



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Make a copy of this page for each designated caregiver. Note that any wishes your express, whether written or verbal are not legally binding. Only wishes set down in a last Will and Testament are binding.

I/We, _____, appoint _____

as our representative to do all that is necessary or desirable for maintaining the health of

_____ (pet name), _____ (birth year)

_____ (Breed, type of animal); specifically, to approve and

authorize any and all medical treatment deemed necessary by a duly licensed veterinarian, preferably

_____ (hospital name),

_____ (Veterinarian name) and

to execute any consent, release or waiver of liability required by veterinary authorities' incident to the provision of medical, surgical or other essential care to my pet by qualified veterinary medical personnel.

This authorization goes into effect as of _____ (time of day) on _____ (date)

and will cease as of the date I/we return to home, on or about _____ (date).

_____ (Caregiver name) may authorize, without approval

from me/us, veterinary services up to and including \$ _____ (amount);

any amounts over and above that will require that they or the veterinarian contact me/us by phone

through call or text at _____ (mobile number) or by email at

_____ (email address) for discussion and approval.

If at all possible, the veterinarians will be, as appropriate based on the emergent nature of need,

_____ (Veterinarian)

_____ (hospital) at _____ (phone number).

Date: _____

Date: _____

Signed: _____ (pet owner)

Signed: _____ (caregiver)