

**Animal Health Services
Surgical and Diagnostic Center**

37555 N. Cave Creek Road
Cave Creek, AZ 85331
Office: (480) 488-6181
Fax: (480) 488-6176

Tanya Wyman, DVM
Lane Smith, DVM
Whitney Forrest, DVM

Hours of Operation

Monday through Thursday 8:00am – 6:00pm
Friday 8:00am – 5:00pm, and Saturday 8:00am – 12:00pm

What your Pet Sitter, Veterinarian, and Emergency Facility need to know
When you leave town!

We want you to enjoy your time away from home. To help you, we encourage you to make preparations with your pet sitter before you leave should your pet become ill or injured. With this in mind, please take the time to fill out this emergency contact and pet information form and leave a copy with your pet sitter. Be sure your pet has adequate ID, and provide your pet sitter with a recent photo and description of your pet in case your pet becomes lost.

While you are away, where can we contact you?

Client Name: _____
Last First

Where will you be vacationing? _____
Contact Phone Number(s): _____

Who is your daytime veterinarian?

Daytime Veterinarian: _____
Veterinarian Phone Number(s): _____

Pet Sitter Information

Name: _____
Last First
Phone Number(s): _____

Please READ each of the following and INDICATE YOUR CHOICE in the event your pet suffers from illness or injury:

- _____ In the event that I am unavailable, I elect complete medical care for my pet(s).
_____ In the event that I am unavailable, I elect minimal treatment for my pet(s) to prevent life threatening concerns. I realize that minimal treatment can include the need for intravenous fluids, oxygen, blood, plasma, and possible intensive care treatments.
_____ I decline treatment for my pet without my permission. I understand that if I am unavailable and my pet's life is threatened, no treatment will be done and I waive all responsibility of the pet sitter and the veterinary hospital.

Pet Information

Pet's Name: _____ Canine/Feline/Other: _____

Age: _____ Breed: _____ Color: _____ M or F _____ Altered _____

Due Date of Vaccinations: Rabies: _____

Dogs: DA2PPV _____ Bordetella _____ Last Heartworm Test: _____

Cats: FVRCP _____ FeLV _____

Is your cat FELV positive? Yes or No Is your cat FIV Positive? Yes or No _____

Does your pet have any known medical Problems? If so, please describe: _____

Is your pet on any medication? If so, please give drug name, dosage, and how often administered:

Is your pet allergic to any medication? If so, please give the name of the drug: _____

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**Pet's Name:** \_\_\_\_\_ Canine/Feline/Other: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ M or F \_\_\_\_\_ Altered \_\_\_\_\_

Due Date of Vaccinations: Rabies: \_\_\_\_\_

**Dogs:** DA2PPV \_\_\_\_\_ Bordetella \_\_\_\_\_ Last Heartworm Test: \_\_\_\_\_

**Cats:** FVRCP \_\_\_\_\_ FeLV \_\_\_\_\_

Is your cat FELV positive? Yes or No Is your cat FIV Positive? Yes or No \_\_\_\_\_

Does your pet have any known medical Problems? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Is your pet on any medication? If so, please give drug name, dosage, and how often administered:  
\_\_\_\_\_  
\_\_\_\_\_

Is your pet allergic to any medication? If so, please give the name of the drug: \_\_\_\_\_  
\_\_\_\_\_

*(For additional pets, please print another copy)*

After examination, an estimate will be given for diagnostics and medical care. Your pet sitter will be required to sign the estimate and be financially responsible. Please discuss limitations in advance with your pet sitter. You may also sign below giving authorization to place medical expenses on a major credit card:

Circle card type: Discover   Visa   Master Card   American Express

Credit card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CV code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only**

Client Number: \_\_\_\_\_

Client Last Name: \_\_\_\_\_

Client First Name: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

Pet Sitter Last Name: \_\_\_\_\_

Pet Sitter First Name: \_\_\_\_\_

Pet Sitter Phone Number: \_\_\_\_\_