

COVID-19 Pet Preparedness Plan

NAME:

PHONE:

ADDRESS:



PRIMARY PET CAREGIVER

Name:

Phone:

SECONDARY PET CAREGIVER

Name:

Phone:

VETERINARIAN

PET #1 | CARE INSTRUCTIONS

PET #2 | CARE INSTRUCTIONS

HAVE YOU...?

- CHECKED ID TAGS ARE CORRECT?
- CHECKED THAT MICROCHIP INFO IS CORRECT?
- GATHERED FOOD/TREATS?
- GATHERED LEASH & TOYS?
- GOTTEN SUPPLIES & CARRIER/CRATE READY?

COVID-19 Pet Preparedness Plan

Emergency Phone #'s

OWNER'S CELL PHONE

VETERINARIAN PHONE

EMERGENCY PET HOSPITAL



COVID-19 Pet Preparedness Plan

Medication Information

PET NAME: _____

MEDICATION: _____

AMOUNT: _____

FREQUENCY: _____

MEDICATION: _____

AMOUNT: _____

FREQUENCY: _____

MEDICATION: _____

AMOUNT: _____

FREQUENCY: _____

MEDICATION: _____

AMOUNT: _____

FREQUENCY: _____

