



EMERGENCY CONTACT FORM

Client Name: _____

First Contact:

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Email: _____

Second Contact:

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

Email: _____

Existing Medical Conditions: _____

Service Animal Emergency Information:

Name: _____ Distress Symptoms: _____

Vet Clinic: _____ Vet Phone Number: _____

Do you have a health care directive? Y N

Date Completed: _____

On file where? _____

Do you have a Special Powers of Attorney? Y N

Do you have a Will? Y N