HUMANE SOCIETY OF MISSOURI PET ALERT CARD

what would become of your pets? If something happened to you

BE PREPARED...

- Carry the card below in your wallet.
- Choose a reliable caretaker to care of your pets in your absence.
- See that the caretaker has a key to your home and is aware of the Information Card on each of your pets.
- Appoint a second caretaker in the event that the first is not available.
- Fill out the Information Card on the reverse side for each pet and post in your home.
- Consult an attorney to determine the best type of document regarding long term care of your

HUMANE SOCIETY OF MISSOURI

Helping animals and people through:

- Adoption Centers
- Veterinary Medical Centers
 - Rescue & Investigation
 - Community Outreach
 - Education Programs
- Large Animal Rehabilitation Center

(cut here)

EMERGENCY PET ALERT!

My pets are at home alone.

My Name

My Address:

Phone:

In case of accident or illness, please reverse side of this card who will contact a person listed on the care for my pet who is home alone.

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PLEASE POST IN A VISIBLE LOCATION Pet Identification Card...

	Pet name:
	Pet description:
Photo	Birth date:
	Veterinarian:
	Address:
	Phone:
In Case of Emergency contact:	lact:
Address:	Phone:
Food:	
Medication:	
Microchip #:	Rabies #:
Special needs or preferences:	S:

Accidents, hospitalization, even death can happen to all of us. What happens then to our pets? Lack of planning can leave our pets in the hands of strangers and expose them to fates we would not want.

Fill out a Pet Identification Card on each pet.

HUMANE SOCIETY OF MISSOURI WWW. hSmo. org

In case of Emergency contact:	Address:Phone:	or Name:	Address:		FOR TEMPORARY ASSISTANCE:	If these people are unavailable, contact the:	St. Louis, MO 63110, 314-647-4400	
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Pet description: Photo Birth date: Veterinarian: Address: Address: Food: Medication: Microchip #: Rabies #: Special needs or preferences:		Pet name:
date: ————————————————————————————————————		Pet description:
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inarian: —		Birth date:
Rabies #:		Veterinarian:
e:		Address:
e:		
Rabies #:		Phone:
n: #:	In Case of Emergency cont	tact:
	Address:	Phone:
	Food:	
	Medication:	
Special needs or preferences:	Microchip #:	Rabies #:
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