

Pet Organizer





PET FIRST AID KIT ESSENTIALS

- Paperwork: Vaccination & Medical Records and Emergency Phone Numbers**
Animal Poison Control Center: 888-4ANI-HELP (888-426-4435) (there may be a fee for this call)
- Nonstick bandages and gauze
- Antibiotic ointment
- Fresh 3% hydrogen peroxide to induce vomiting
(always check with veterinarian or animal poison control expert before giving to your pet)
- Adhesive tape & rubber gloves
- Blunt end scissors
- Tweezers
- Wet wipes or grooming wipes
- Styptic powder
- Saline eye solution
- A towel or blanket
- Collapsible travel food and water bowls
- Bottled water and small packages of food or treats
- Backup supply of medications
- Extra leash, collar, and poop bags
- A flashlight
- A pet first aid book
- Eye dropper or turkey baster (to give oral treatment or flush wounds)



Disaster Preparedness

- Adhere a rescue sticker to your front door or window (in this packet)
- Arrange a Safe Haven - do not leave your pets behind
- Choose "Designated Caregivers" if you are not home when disaster strikes
- Prepare Emergency Supplies and Traveling Kits
- Keep the ASPCA On-Hand at All Times (get their free mobile app) -
<http://www.asPCA.org/pet-care/general-pet-care/disaster-preparedness>



IMPORTANT CONTACT

Pet Sitter

name:

Tel #:

address:

HOURS:

note:

email:

FEES:

groomer

name:

Tel #:

address:

HOURS:

note:

email:

FEES:

walker

name:

Tel #:

address:

HOURS:

note:

email:

FEES:

trainer

name:

Tel #:

address:

HOURS:

note:

email:

FEES:

daycare facility

name:

Tel #:

address:

HOURS:

note:

email:

FEES:



VET VISIT TRACKER

VET'S NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:

DATE

TIME

REASON

OUTCOME

ONGOING CONDITIONS, ALLERGIES, OR ILLNESSES



PET MEDICAL HISTORY

PET'S NAME:

DOB:

BREED:

SEX:

SPAYED - NEUTERED DATE:

MICROCHIP ID NO:

MARKINGS

OWNER:

TELEPHONE:

BREEDER:

DATE ACQUIRED:

VETERINARIAN:

TELEPHONE:

EMERGENCY CONTACT

DATE

MEDICAL PROCEDURE - EXPLANATION

DATE

DEWORMING SCHEDULE



PET MEDICATION TRACKER

MEDICATION LOG FOR:

DATE	MEDICATION	DOSAGE	FREQUENCY	DURATION



PET SITTING INSTRUCTIONS

FOR:

ADDRESS:

PHONE:

EMERGENCY VET #:

VET NAME:

VET PHONE #:

VET ADDRESS:

DATE:

DEAR:

THANK YOU SO MUCH FOR TAKING CARE OF:

HE / SHE EATS:

HE / SHE CANNOT EAT:

HE / SHE LOVES TO:

HE / SHE HATES:

PLEASE MAKE SURE:

SPECIAL INSTRUCTIONS:

I CAN BE REACHED AT:



PET VACCINATION TRACKER

PET'S NAME: _____

DOB: _____

DATE	AGE	VACCINE	WEIGHT	COST	EXPIRATION



PET EXPENSE TRACKER

Expense Log for: _____

DOB: _____

DATE	DESCRIPTION	NOTES	AMOUNT



PET RESPONSIBILITY CHART

NAME: _____

PET NAME: _____

RESPONSIBILITY	SUN	MON	TUE	WED	THU	FRI	SAT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PET ALERT

PLEASE RESCUE OUR

IN CASE OF FIRE OR EMERGENCY PLEASE CONTACT



PET ALERT

PLEASE RESCUE OUR

IN CASE OF FIRE OR EMERGENCY PLEASE CONTACT



PET TRAVEL CHECK LIST



NAME: _____

PET NAME: _____

- Sturdy Leash
- Extra collar with latest contact info
- Old familiar blanket or bed
- Food (bring extra)
- Water (make sure you have plenty)
- Food and water bowls
- Portable water bowl and bottle
- Treats
- Toys and chew Items
- All medication and supplements
- Brush
- Baby wipes (for easy cleaning)
- Puppy pads or disposable litter box
- Waste removal bags
- Old or paper towels & disinfectant sprays
- Pet first aid kit
- Flashlight for nightly walks
- Vaccination records

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