REGARDING EMERGENCY CARE OF PETS

Wallet Version

In any situation in which I am unable to return home to feed my pets, such as my hospitalization or death, please immediately contact

_____ at _____

( ) _____-_____

Or

_____at _____

( ) _____-_____

To arrage for the feeding of my animal(s) _____

_____ ( ) _____-_____ and _____

( ) _____-_____ each have a copy of this Document.

_____Signature _____ Print

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