

Friends of the family



Family pets

Type of animal: _____

Breed: _____

Name: _____

Age: _____ Date pet became part of family: _____

Notes about feeding and care: _____

Veterinarian's name, address and phone number: _____

Notes about other medical history and any special needs: _____

Talk to the person you'd like to care for your pet should you be unable to do so. Make sure she or he is willing and able.

Note that person's name and address here:
