



This is my COVID Pet Plan

Owner's Name _____ Number of Pets _____

Phone _____ Email _____

Pet's Name	Type of Animal	Special Needs or Medications?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

More on back

Special Needs or Medications *Include medication name, dose, frequency, and how it is given (orally, etc)*

_____ Continues on back

Carriers are located _____

Food and other supplies are located _____

Vet's Name _____

Attach vet records to this form or email them to your emergency contact.
We recommend setting up a way to pay vet bills while you're sick. I have attached or emailed vet records

Phone Number _____

Address _____

Emergency Contact Name _____

Phone Number _____ Do they have keys? Yes No

This person will foster my pets or care for them in my home This person cannot take my pets but will apply for emergency fostering on my behalf at 311 or nycfoster.org

Who will take my pets should they outlive me?

Name _____

Phone _____ Email _____

Address _____

