

**Iowa Veterinary Specialties**

**Pet Sitter Emergency Information**

This form may be used to provide information to IVS care providers when you are not able to accompany your pet to the hospital. Please complete the form to your fullest ability and give it to the person(s) caring for your pet while you are away. When presented to IVS we will use the information given to care for your pet(s) per your request.

Owner(s) Name: \_\_\_\_\_

Owner phone number(s): \_\_\_\_\_

Owner's Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pet(s) Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed Y / N Neutered Y / N

Pet(s) Regular Veterinarian/Clinic Name and Phone: \_\_\_\_\_

Any known medical issues:

\_\_\_\_\_  
\_\_\_\_\_

Medication(s) the pet is currently taking:

\_\_\_\_\_  
\_\_\_\_\_

Who should IVS contact regarding the care of the pet(s)?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet Sitter Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If the doctors and staff are unable to reach you regarding the care of your pet(s) do you have any specific care instructions?

\_\_\_\_\_  
\_\_\_\_\_

**Payment is due upon services rendered. Who should we contact regarding financial obligations?**

\_\_\_\_\_

Owner(s) Signature: \_\_\_\_\_

**Iowa Veterinary Specialties**

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**[www.ivsdsm.com](http://www.ivsdsm.com)**