

Clarion Poodles (209) 368-9069 ~ FAX (209) 369-3933 info@clarionpoodles.com

Emergency Contact List

In Case of Emergency, Please Contact: Veterinarian/Address/Phone __ First Choice Contact/Address/Phone ____ Second Choice Contact/Address/Phone ____ Third Choice Contact/Address/Phone Local Rescue Contact/Address/Phone ____ I have dogs that may, if they are not with me, be home alone. If I am incapacitated, please phone the above persons, or if the dogs are with me, all expenses for the dogs' care will be guaranteed by myself or my estate. If the dogs are injured, they are to be taken to the nearest reputable veterinarian. I prefer that my own veterinarian, listed above, be notified regarding decisions on the dogs' care and treatment. Contact the designated assignee for disposition. If the people listed above cannot be reached or cannot take the dogs, please contact the Poodle Rescue Group listed above in favor of a local animal shelter. Signature and date: ____ Date: _____ Owner___ Dog #1 _____ DNA Profile # _____ Tattoo/Microchip # _____ AKC Number ___ Date Whelped Variety/Color and Markings____ Breeders: Owners: Designated assignee: _____ Dam: _____ Medications: ___ Dog #2 AKC Name ___ AKC Number _____ DNA Profile # ____ Tattoo/Microchip # ____ _____ Date Whelped _____ Variety/Color and Markings_____ Breeders:

Sire: ______ Dam: _____

Medications: