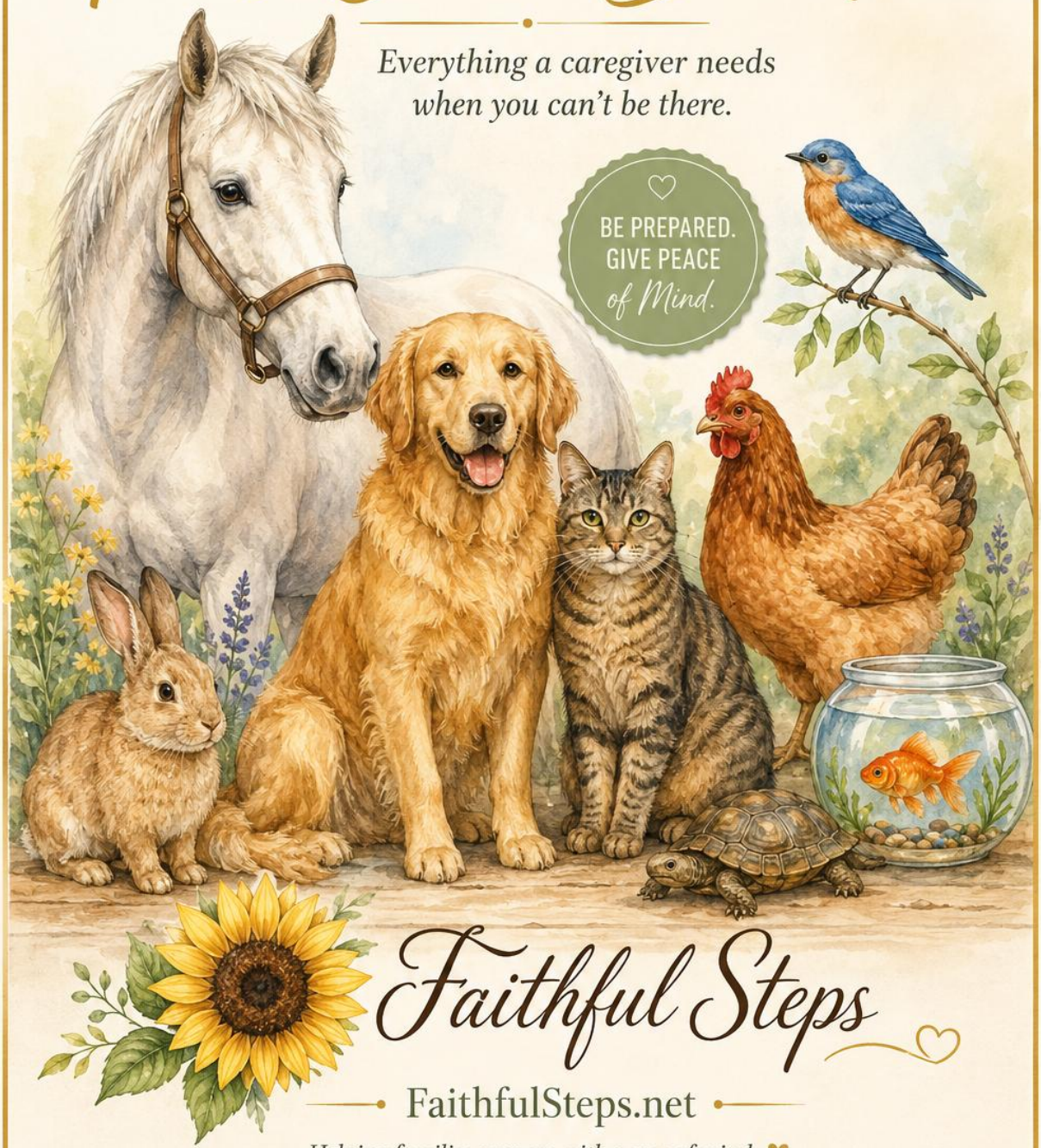
EMERGENCY
Pet Care Binder

Everything a caregiver needs when you can't be there.



Faithful Steps

FaithfulSteps.net

Helping families prepare with peace of mind.

EMERGENCY PET CARE BINDER

Everything a caregiver needs when you can't be there.

Pet Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Alternate Contact: _____

Alternate Phone: _____

Faithful Steps

FaithfulSteps.net

EMERGENCY QUICK REFERENCE — CONTACTS & SPECIAL CARE

Keep this page where a caregiver can find it immediately.

Owner Information

Owner Name _____

Primary Phone _____

Secondary Phone _____

Emergency Contacts

Primary Contact / Relationship _____

Phone _____

Secondary Contact / Relationship _____

Phone _____

Veterinary Care

Primary Veterinarian / Clinic _____

Phone _____

24-Hour Emergency Veterinarian / Clinic _____

Phone _____

Pet Insurance

☐ Yes ☐ No

Insurance Company _____

Policy / Member # _____

Claims / Contact Phone _____

Animals Requiring Immediate or Special Care

Pet / Animal	Special Need / Immediate Instruction

EMERGENCY QUICK REFERENCE — IMPORTANT ITEMS

Keep this page with the Contacts & Special Care quick-reference page.

Home Entry

House Key / Entry Instructions _____

Spare Key / Contact _____

Pet Care Supplies

Pet Food _____

Medications _____

Treats / Supplements _____

Leashes / Harnesses _____

Carriers / Crates _____

Emergency & Cleaning Supplies

Pet First-Aid Supplies _____

Cleaning Supplies _____

Towels / Bedding _____

Waste / Litter Supplies _____

Other Important Items

Item / Location _____

Item / Location _____

Item / Location _____

Brief Emergency Instructions

_____

_____

If the owner cannot be reached, contact the emergency person listed on the matching quick-reference page and follow the animal-specific instructions in this binder.

HOME & CAREGIVER INFORMATION

Home Information

Home Address _____

Owner Name(s) _____

Primary Phone _____

Secondary Phone _____

Getting Into the Home

Key Location _____

Spare Key With / Phone _____

Door / Gate Instructions _____

☐ Alarm System: Yes ☐ No

Alarm Code Location / Instructions _____

Important Household Information

Item	Location / Notes
Electrical panel	
Main water shutoff	
Emergency supplies	
Pet first-aid supplies	
Cleaning supplies	
Extra pet food / supplies	

Household & Pet Rules

Animals that must NOT be together _____

Doors / gates that must remain closed _____

Rooms / areas pets must not enter _____

Animal Count & Quick Check

Total animals expected _____

Group / outdoor animals and number expected

_____

Animals that may hide / where to look _____

Before You Leave

☐ All animals accounted for ☐ Food/water provided ☐ Medications given

☐ Doors/gates/enclosures secure ☐ Equipment checked ☐ Concerns logged

INDIVIDUAL PET PROFILE

Repeat this page for each individually cared-for pet.

Pet's Name _____

PHOTO Attach a clear, recent photo	Animal / Species: _____ Breed: _____ Color / Markings: _____ Sex: ☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No Age / DOB: _____ Weight: _____ Microchip #: _____ Registry: _____

Get to Know Me

My personality _____

I really like _____

I don't like _____

Things that frighten or upset me _____

Best way to comfort or calm me _____

Please Know This About Me

Please be especially careful when _____

Important behavior / handling notes _____

Words & Commands I Know

Command / Word	Means

Where I Belong

During the day _____

At night _____

When no one is home _____

If I Get Loose or Hide

What gets my attention _____

Places I may hide / go _____

DAILY CARE & MEDICAL INFORMATION

Repeat this page for each individually cared-for pet.

Pet's Name _____

⚠ ALLERGY ALERT Known allergies? ☐ No ☐ Yes — see below

Feeding & Water

Food / Brand / Amount _____

Morning / Afternoon / Evening _____

Treats Allowed _____

Do NOT Feed _____

Water Location / Instructions _____

Bathroom / Walk / Exercise

Schedule / Instructions _____

Leash / Harness Location _____

Litter / Potty / Enclosure Cleaning _____

Medications

Medication	Dose	Time	How Given

Medications Located _____

If a Dose Is Missed, Contact / Phone _____

Allergies & Important Reactions

Food Allergies _____

Medication Allergies _____

Environmental / Other _____

Known Reaction / Vet Instructions _____

Medical Information

Known Conditions _____

Major Surgery / Injury _____

Mobility / Physical Limitations _____

Call Me or the Veterinarian If _____(See Vet Section)

GROUP & SPECIALTY ANIMAL CARE — CARE INSTRUCTIONS

Print this 2-page set for each group as needed.

Animal Type _____

Group Name _____

Number of Animals _____

Location / Enclosure _____

Daily Care

Morning _____

Afternoon _____

Evening _____

Other Routine / Frequency _____

Food

Food / Brand / Type _____

Amount _____

Feeding Frequency _____

Food Location _____

Do NOT Feed _____

Water

Water Source / Location _____

Refill / Cleaning Instructions _____

Supplements & Routine Supplies

Supplements / Minerals _____

Amount / Frequency _____

Supplies Located _____

Care Notes

Special Routine _____

Other Instructions _____

GROUP & SPECIALTY ANIMAL CARE — HEALTH & EMERGENCY

Keep this page with the matching Care Instructions page.

Animal Type / Group Name _____

Enclosure & Environment

Cleaning / Bedding / Substrate _____

Temperature / Heat _____

Lighting / Humidity _____

Fencing / Gate / Enclosure _____

Equipment That Must Remain On _____

Health & Safety

Allergies / Sensitivities _____

Medications / Treatments _____

Normal Behavior _____

Signs Something May Be Wrong _____

Handling Precautions / Do NOT _____

Counting & Daily Checks

Expected Number / How Often to Count

_____

If One Is Missing _____

Items to Collect / Remove / Check _____

What to Do With Them _____

Veterinary / Emergency Contact

Veterinarian / Specialist _____

Phone _____

Emergency Clinic / Phone _____

Emergency Instructions_____

_____

EMERGENCY & EVACUATION PLAN

In an immediate life-threatening emergency, call 911.

Owner / Phone _____

Primary Emergency Contact / Phone _____

Evacuation Destination

Primary Location / Address / Phone _____

Alternate Location / Address / Phone _____

Transportation

Primary Vehicle _____

Person Who Can Help / Phone _____

Carriers / Crates Location _____

Leashes / Harnesses Location _____

Horse / Livestock Trailer Information _____

Evacuation Supplies

☐ Food ☐ Water ☐ Bowls ☐ Medications ☐ Leashes/Harnesses

☐ Carriers/Crates ☐ Records ☐ First Aid ☐ Waste Supplies ☐ Bedding

Supply Location _____

Special Evacuation Help

Pet / Animal	Special Instructions

Animals That Must Be Separated

Animals / Reason / Instructions _____

If I Cannot Return Home

Temporary Care Person / Phone _____

Backup Person / Phone _____

Important Documents

Pet / Vaccination Records _____

Insurance / Ownership Records _____

VETERINARY TREATMENT AUTHORIZATION

Pet Owner _____

Address _____

Phone _____

Authorized Caregiver

Name / Relationship / Phone _____

Alternate Authorized Person

Name / Relationship / Phone _____

Animals Covered ☐ All animals listed in this binder ☐ Only these animals:

Animals _____

If I cannot be reached, I authorize the person named above to seek veterinary examination and treatment for my animal(s), subject to the instructions and limitations below.

Veterinary Care

Preferred Veterinarian / Clinic / Phone _____

24-Hour Emergency Clinic / Phone _____

Treatment & Financial Instructions

Other Instructions _____

Maximum amount caregiver may authorize without reaching me: $ _____

Payment Arrangements / Instructions _____

Pet Insurance ☐ Yes ☐ No

Company / Policy # _____

Major Medical / End-of-Life Decisions

Contact Person / Phone _____

My Wishes / Additional Instructions _____

Owner Authorization

Owner / Caregiver	Signature	Date
Owner:		
Authorized Caregiver:		

This page records emergency-care wishes. Veterinary clinics may require their own authorization, payment, or consent forms.

CAREGIVER DAILY LOG

Repeat for each day or visit as needed.

Date / Caregiver / Arrival / Departure _____

How Did Today Go?

_____

_____

Food & Water

☐ Fed as instructed ☐ Fresh water checked ☐ Treats as allowed

Changes in appetite / drinking _____

Medications & Treatments

Missed / refused / delayed / different _____

Pet / Time / What Happened _____

Bathroom / Walks / Exercise

Anything Unusual _____

Behavior & Well-Being

Changes / Concerns _____

Household / Animal Area Check

Supplies Running Low _____

Contacted Today

☐ No ☐ Owner ☐ Emergency contact ☐ Veterinarian ☐ Other

Reason / Instructions Received _____

Notes for Owner or Next Caregiver

_____

_____

Caregiver Signature / Initials _____

LONG-TERM & PERMANENT CARE WISHES

If I am unable to resume caring for my animals, these are my wishes for their continued care.

First Person I Want Contacted

Name / Relationship / Phone / Email _____

☐ Agreed to care for animals ☐ Agreed to help arrange care ☐ Still need to discuss

Alternate Person

Name / Relationship / Phone / Email _____

☐ Agreed to care for animals ☐ Agreed to help arrange care ☐ Still need to discuss

My Wishes

Animals That Should Remain Together _____

Animals That May Be Placed Separately _____

Special Placement Instructions _____

People / Places I Do NOT Want Used _____

Rescue / Sanctuary

Organization / Contact / Phone / Email / Website

_____

Instructions _____

Financial Arrangements

Contact / Phone _____

Attorney / Trustee / Executor _____

Important Documents Location _____

Personal Belongings

Special Items / Location _____

Anything I Want a Future Caregiver to Know

_____

_____

This page records your wishes and is not a substitute for a will, pet trust, power of attorney, or other legal document.

IMPORTANT DOCUMENTS & RECORDS

Record where important originals or copies are kept. Avoid sensitive passwords or financial account information.

Record	Included / Location
Vaccination records	
Rabies certificate	
Medication / prescription information	
Medical / surgical records	
Veterinary treatment authorization	
Microchip information	
Pet license / registration	
Ownership records	
Recent photographs	

Pet Insurance

Location / Company / Policy # / Claims Phone

_____

Specialty Records

Location / Notes _____

Digital Records

Where / Access Instructions Location _____

Emergency Copies

☐ Emergency contact has records ☐ Vet has authorization

☐ Long-term caregiver has information ☐ Copies in evacuation supplies

Last Updated

Reviewed On _____

Next Review Planned _____

LOST PET EMERGENCY INFORMATION

First, do not assume the animal has left the property. Check the Individual Pet Profile for hiding places and ways to get their attention.

If a Pet Is Missing

☐ Check home, yard, buildings, and enclosures

☐ Secure doors, gates, windows, and fencing

☐ Contact owner/emergency contact

☐ Check microchip information

☐ Contact local shelter/animal control

☐ Report missing to microchip registry

☐ Contact veterinarian if appropriate

☐ Use a recent clear photo

Description, photo, microchip number, and identifying information are on the Individual Pet Profile.

Owner's Special Instructions

_____

_____

Places They Are Likely to Go _____

People / Neighbors They Know _____

Local Lost-Pet Resources

Animal Control _____

Local Shelter _____

Other Resource _____

Notes

_____

_____

BINDER READY CHECKLIST & UPDATE RECORD

☐ Emergency contacts current
☐ Veterinary/emergency clinic info current
☐ Pet insurance included if applicable
☐ Home access/key instructions current
☐ Every animal included in count
☐ Each pet has current profile/photo
☐ Microchip info current
☐ Feeding instructions current
☐ Medication names/doses/schedules current
☐ Allergies clearly identified
☐ Medical/special needs current
☐ Behavior/handling instructions included
☐ Group/specialty instructions complete if needed
☐ Carriers/leashes/emergency supplies easy to locate
☐ Evacuation plan current
☐ Vet authorization completed
☐ Emergency caregivers know they are listed
☐ Long-term caregivers contacted
☐ Important records can be located
☐ Blank Caregiver Daily Logs included

People Who Have a Copy or Know Where the Binder Is

Name	Phone

Update Record

Date Reviewed	What Changed?	Initials

Review whenever medications, medical conditions, feeding routines, contacts, caregivers, or household animals change.