



EMERGENCY PLAN FOR MY PET

ANIMALS MATTER PROJECT

RSPCA South Australia has worked with Feros Care, an NDIS partner in the community, on the development of this plan.



Delivering the NDIS in your community



MY NAME

My Address: _____

My Phone Number: _____



MY PET'S NAME/S



MY PET'S VET DETAILS

Vet Clinic: _____

Vet's Name: _____

Contact Number: _____



MY PET'S MEDICATION



WHAT MY PET EATS



MY PET'S FAVOURITE TOY AND WHERE THEY SLEEP

MY EMERGENCY CHECKLIST IF I NEED SOMEONE TO CARE FOR MY PET:

These are recommendations – you may not require all of these items.

I have enough food, litter and medication for my pet for 2 weeks

I have made a list of all medications and instructions

My pet is up to date with vaccinations

I have carriers/crates available for all my animals, in case they need to be transported

I have a contact list for the temporary pet carer I have organised in my plan

I have my pet's leash, harness, collar, ID tags, photo of my pet, copies of medical records, proof of vaccination records and/or microchip details at hand

My pet is free from fleas



WHO CAN CARE FOR MY PET IF I AM UNABLE TO?

Your animals will need to be cared for while you are in hospital or unable to care for them.

Make sure that you have a contact list for the temporary pet carer. The contact list should include your pet's Vet and insurance company (if relevant), and anyone else who is necessary for your pet's care.

Options available for pet care if you are in hospital include:

- leaving your pet/s at your home with family, friends or a trusted pet sitter coming to care for them
- having family or friends take care of your pet/s at their own home
- boarding kennels, catteries, and home care pet sitters may be available, at a cost

EMERGENCY CONTACT LIST

EMERGENCY CONTACT 1

Name _____

Relationship _____ Phone/Email _____

How will they help me and my pet? _____

Authorised to make decisions about my pet? YES / NO *(please circle)*

EMERGENCY CONTACT 2

Name _____

Relationship _____ Phone/Email _____

How will they help me and my pet? _____

Authorised to make decisions about my pet? YES / NO *(please circle)*

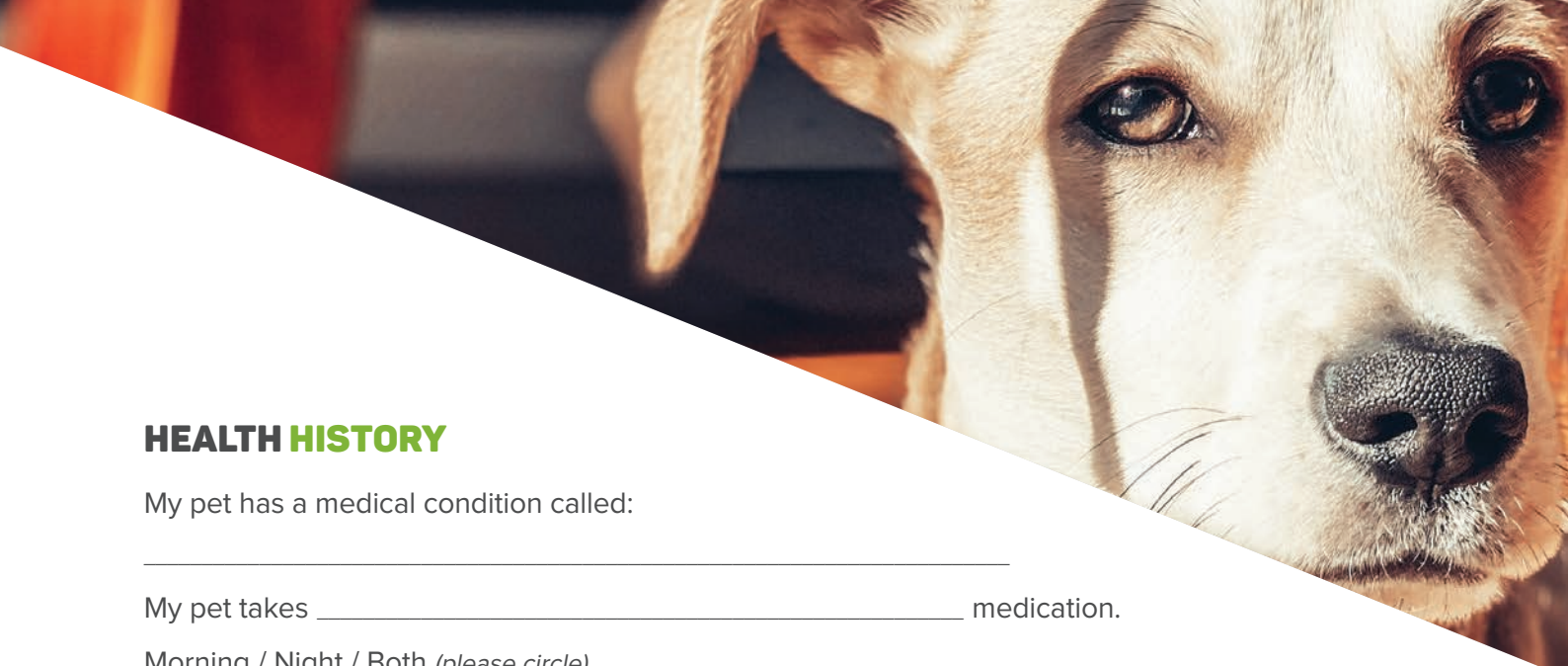
EMERGENCY CONTACT/SUPPORT WORKER

Name _____

Relationship _____ Phone/Email _____

How will they help me and my pet? _____

Authorised to make decisions about my pet? YES / NO *(please circle)*



HEALTH HISTORY

My pet has a medical condition called:

My pet takes _____ medication.

Morning / Night / Both *(please circle)*

Time: _____ am

Time: _____ pm

How much medication do I give my pet? _____

Comments: _____

My pet is desexed? YES / NO *(please circle)*

My pet's microchip number is: _____

My pet was last vaccinated: _____ My pet's next vaccination is due: _____

I keep my pet's important items, including their leash, harness, collar, bed, photo of my pet, copies of medical and vaccination records and other important information in the following place/s.

FEEDING MY PET

My pet eats _____

Morning / Night / Both *(please circle)*

Time: _____ am

Time: _____ pm

How much food is my pet fed? *i.e. half a can, a cup* _____

Comments: _____

I keep my pet's food stored: _____



USEFUL LINKS

For assistance and boarding services please check your local pet boarding facilities and pet sitters in your state.

RSPCA AUSTRALIA

rspca.org.au/contact-us

For more information please visit the link for your relevant state or territory.

AUSTRALIA CAN – COMPANION ANIMAL NETWORK

(Formerly Animal Welfare League Australia)

australiacan.org.au

PET RESCUE

Visit PetRescue Knowledge Base to find your local rescue and crisis support groups.

support.petrescue.com.au/article/89-finding-short-or-long-term-foster-care-for-my-pet

SAFE PETS SAFE FAMILIES

safepetssafefamilies.org.au

For further information for pet owners in crisis

Call: 0490 818 879

Email: admin@safepetssafefamilies.org.au

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GROW BOLD

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