

# Pet Emergency Supplies

- Pet First-Aid Kit
  - 3-7 days of food
  - 7 days bottled water
  - Litter & disposable trays
  - Liquid soap & disinfectant
  - Paper towels, garbage bags
  - Food and water dishes
  - Extra harness and leash
  - Emergency contact info
  - Pet ID numbers
  - Vaccine records
  - 2 weeks of medicines
  - Sturdy crate or carrier
  - Flashlight
  - Blanket
  - Photos of you and your pet
  - Pillow case for cats
  - Tie out for dogs
  - Toys, bedding and treats
- aspca.org

Veterinarian:

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24 HR Clinic

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Police

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Animal Control

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Animal Shelter

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**Middle Township**  
**Animal Advisory Board**

# Pet First Aid Kit

- Absorbent gauze pads
  - Adhesive tape
  - Cotton balls and swabs
  - Hydrogen peroxide
  - Ice pack
  - Disposable gloves
  - Blunt scissors
  - Tweezers
  - OTC antibiotic ointment
  - Turkey baster or syringe
  - Liquid detergent like Dawn
  - Towels
  - Alcohol wipes
  - Styptic powder
  - Saline eye solution
  - Artificial tear gel
  - Vet contact info
  - Emergency vet hospital contact info
- aspcapro.org

PET ONE

Name \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

Weight \_\_\_\_\_ Altered \_\_\_\_\_

Breed \_\_\_\_\_

Microchip ID \_\_\_\_\_

License No. \_\_\_\_\_

Markings \_\_\_\_\_

\_\_\_\_\_

Rabies Vaccination Date \_\_\_\_\_

Rabies Cert No. \_\_\_\_\_

Heartworm Test \_\_\_\_\_

Parasite Test \_\_\_\_\_

Special Conditions \_\_\_\_\_

\_\_\_\_\_

Caregiver \_\_\_\_\_

\_\_\_\_\_

Photo



PET TWO

Name \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

Weight \_\_\_\_\_ Altered \_\_\_\_\_

Breed \_\_\_\_\_

Microchip ID \_\_\_\_\_

License No. \_\_\_\_\_

Markings \_\_\_\_\_

\_\_\_\_\_

Rabies Vaccination Date \_\_\_\_\_

Rabies Cert No. \_\_\_\_\_

Heartworm Test \_\_\_\_\_

Parasite Test \_\_\_\_\_

Special Conditions \_\_\_\_\_

\_\_\_\_\_

Caregiver \_\_\_\_\_

\_\_\_\_\_

Photo



PET THREE

Name \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

Weight \_\_\_\_\_ Altered \_\_\_\_\_

Breed \_\_\_\_\_

Microchip ID \_\_\_\_\_

License No. \_\_\_\_\_

Markings \_\_\_\_\_

\_\_\_\_\_

Rabies Vaccination Date \_\_\_\_\_

Rabies Cert No. \_\_\_\_\_

Heartworm Test \_\_\_\_\_

Parasite Test \_\_\_\_\_

Special Conditions \_\_\_\_\_

\_\_\_\_\_

Caregiver \_\_\_\_\_

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Photo

