Medical & Pet Sheet

MEDICAL — PERSON 1

Name / date of birth: _____

Conditions & allergies: _____

Medications & doses: _____

Doctor & pharmacy: _____

MEDICAL — PERSON 2

Name / date of birth: _____

Conditions & allergies: _____

Medications & doses: _____

Equipment (oxygen, CPAP, etc.): _____

PETS

Name / species: _____

Microchip #: _____

Food & medications: _____

Vet phone: _____

Pet-friendly shelter: _____

Not a substitute for official instructions. Sign up for local alerts at ready.gov/alerts.