

# Emergency Contact Information

## General

Police Department \_\_\_\_\_  
Fire Department \_\_\_\_\_  
Poison Control Center \_\_\_\_\_

## Hospital

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

## Doctor

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

## Dentist

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

## Vet

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

## Family & Friends

Mom \_\_\_\_\_  
Dad \_\_\_\_\_  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

## Home

Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_