



Emergency Dachshund Care Form

Please leave somewhere prominently in your home in the event of an unexpected emergency to safeguard your Dachshund(s).

IN CASE OF AN EMERGENCY PLEASE CONTACT either of the Emergency Contacts

MY NAME	ADDRESS			
	PHONE/MOBILE EMAIL			
Emergency Contact	1.	2.		
Address				
Phone Number				
Email				
Relationship to me				
Number of Dachshunds in House				
Vet details	Name of Practice	Phone Number		
	Address			
Location of Leads, Food, Documents, Medicine etc.				
Dachshund 1	Name	Age	Sex	Colour
	Temperament		Feeding Guide	
	Medicine/Urgent Care needs			
	Notes:			
Dachshund 2	Name	Age	Sex	Colour
	Temperament		Feeding Guide	
	Medicine/Urgent Care needs			
	Notes:			
Dachshund 3	Name	Age	Sex	Colour
	Temperament		Feeding Guide	
	Medicine/Urgent Care needs			
	Notes:			

Visit dachshundrescue.org.uk for the contact details of the Dachshund Rescue area coordinators or contact chris@dachshundrescue.org.uk



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Please arrange for my dog(s) to be delivered or collected by one of the two Emergency Contacts detailed on this form. I wish for my dog(s) to be cared for by one of the parties listed until I am well enough for my dog(s) to return home. I confirm that the parties have agreed in advance that they will care for my dog(s).

I hereby give permission for my Emergency Contacts to make veterinary medical decisions for my dog(s) and for the listed persons to be given access to vaccination and preventative medicine information that is held by my vet.

In the event of my death I wish for my dog(s) to remain with one of the parties listed. My Will contains / does not contain* specific instructions relating to the care of my dog(s).

I understand that there may be a need for my Emergency Contacts to make alternative arrangements in the event that they are also unable to care for my dog(s) and I accept that any such arrangements are made in good faith.

Signature _____

Date _____

PLEASE GIVE ANY ADDITIONAL INFORMATION BELOW