

## Denver Samoyed Association Emergency Contact Form

To better assist its membership, DSA has created an emergency contact form. Filling out this form is voluntary. This information will only be made available to DSA's Executive Committee (officers) and will only be accessed when there is a real concern for its members. The information on this form can be updated at any time as necessary. Please fill out and return to the current Vice President.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work/Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work/Home Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work/Home Phone: \_\_\_\_\_

Is your emergency contact person responsible for your animals if something happens to you? \_\_\_\_

If so, are they aware of your decision? \_\_\_\_ Do they have access to your dogs (house key)? \_\_\_\_

Is your Secondary Emergency Contact the person who would be responsible for your animals in the event your Emergency Contact person could not be reached? \_\_\_\_ Are your contacts aware of your wishes? \_\_\_\_

Denver Samoyed Rescue has helped DSA members whose dogs were in need of proper care when their owners were unable to care for them. Are you willing to allow DSA/DSR to assist in helping your dogs? This might include transportation to the vet for medical attention, bathing and rehoming if necessary. \_\_\_\_\_

Additional Information:

Dog food brand \_\_\_\_\_ Daily feeding amount \_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Medical Conditions/Needs (prescriptions) \_\_\_\_\_

Other \_\_\_\_\_