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**SERVICE DOG
EMERGENCY
INFORMATION**

FOLD SECOND

**SERVICE DOG
EMERGENCY
INFORMATION**



FOLD FIRST

SERVICE DOG EMERGENCY INFORMATION

This dog is specifically trained to assist its disabled handler. **FEDERAL LAW**, under the Americans with Disabilities Act, states that the handler has the right to be accompanied by this service dog **ANYWHERE** open to the public including **AMBULANCES** and **HOSPITALS**.

IN AN EMERGENCY if the handler is unable to care for the service dog, if the dog is alone, or if the dog is injured, please call the phone numbers inside in the order they are listed.

Thank you for your assistance!

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SERVICE DOG MEDICAL INFORMATION

Dog's name: _____
Vet: _____ Phone: _____
Address: _____
Allergies: _____ Medications: _____
Food: _____
Special Instructions: _____

HANDLER MEDICAL INFORMATION

Conditions: _____
Medications: _____
Allergies: _____
Special Instructions: _____

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HANDLER MEDICAL INFORMATION

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EMERGENCY INFORMATION

Owner: _____
Phone: _____
Address: _____
Dog's Name: _____ Breed: _____
Color/Markings: _____
Chip/Tattoo: _____

EMERGENCY CONTACTS

Name: _____ Phone: _____
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