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SERVICE DOG EMERGENCY INFORMATION

FOLD SECOND

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FOLD FIRST

SERVICE DOG EMERGENCY INFORMATION

I am specifically trained to assist my handler with a disability. **FEDERAL LAW**, under the Americans with Disability Act, states that I have the right to accompany my handler **ANYWHERE** open to the public including **AMBULANCES** and **HOSPITALS**.

IN AN EMERGENCY if my handler is unable to care for me, if I am not with my handler, or if I am injured, please call the phone numbers inside in the order they are listed.

Thank you for helping me!

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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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Medications: _____
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Special Instructions: _____

EMERGENCY INFORMATION

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

EMERGENCY CONTACTS

Name: _____ Phone: _____
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