

HALTER Project



HALTERproject.org/preparedness

EMERGENCY CONTACTS for Caregivers & Elders

OWNER _____

STREET _____

TOWN _____

PHONE _____

CAREGIVER'S NAME _____

CAREGIVER'S MOBILE # _____

CAREGIVER'S LANDLINE # _____

EMERGENCY CONTACTS FOR PETS

VETERINARIAN _____

PHONE _____

RELATIVE or FRIEND _____

MOBLIE # _____

LANDLINE # _____

TO GET HELP FOR ANIMALS AT HOME

- Call your local animal welfare agency
- Give clear information
 - Provide location of house key
- Before leaving, close doors and windows
- Call a neighbor to get help for animals at home

TO GET EMERGENCY SHELTER INFO

- CALL ANIMAL SERVICES
- CHECK SOCIAL MEDIA
- LISTEN TO RADIO

Sonoma County Animal Services
 Solano County Animal Services
 Napa County Animal Control
 Contra Costa County AC
 Yolo County AC
 Lake County AC
 Mendocino County AC

**POST A SIGN
 IN A
 VISIBLE PLACE
 WITH
 INFORMATION ABOUT
 PETS AT HOME.**

PET READINESS CHECKLIST FOR CAREGIVERS & ELDERS

- | | |
|---|--|
| <input type="checkbox"/> FOOD & WATER | <input type="checkbox"/> ID on pets |
| <input type="checkbox"/> Health - veterinary records | AND carriers |
| <input type="checkbox"/> Pet insurance | <input type="checkbox"/> Crates, carriers, pillowcases |
| <input type="checkbox"/> Medical Directives | <input type="checkbox"/> Leashes, harnesses, collar/LED collar |
| <input type="checkbox"/> Photos with you and your pets | <input type="checkbox"/> Bowls, can opener, water bottles |
| <input type="checkbox"/> Medicine, first aid, eye wash & cold packs | <input type="checkbox"/> Towels, bedding |
| <input type="checkbox"/> Treats & supplements | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Calming meds | <input type="checkbox"/> Disinfectant wipes |
| <input type="checkbox"/> Grooming supplies | <input type="checkbox"/> Poop bags, pee pads |
| | <input type="checkbox"/> Litter, disposable pans |

MY PET

NAME _____

SPECIES AGE

MICROCHIP # _____

DESCRIPTION _____

SPECIAL NEEDS _____

MEDICATIONS _____

MY PET

NAME _____

SPECIES AGE

MICROCHIP # _____

DESCRIPTION _____

SPECIAL NEEDS _____

MEDICATIONS _____