

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



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

MY NAME	ADDRESS	
	PHONE/MOBILE E-MAIL	
EMERGENCY CONTACT	1.	2.
ADDRESS		
PHONE NUMBER		
EMAIL		
RELATIONSHIP TO ME		
NUMBER OF COLLIES IN HOUSE		
VET DETAILS	NAME OF PRACTICE PHONE NUMBER	ADDRESS
LOCATION OF LEADS, FOOD, DOCUMENTS, MEDICINE ETC.		
COLLIE 1	Name                      Age              Sex              Colour  Temperament                      Feeding Guide  Medicine/Urgent Care needs  Notes:	
COLLIE 2	Name                      Age              Sex              Colour  Temperament                      Feeding Guide  Medicine/Urgent Care needs  Notes:	
COLLIE 3	Name                      Age              Sex              Colour  Temperament                      Feeding Guide  Medicine/Urgent Care needs  Notes:	

Visit [collierescueroughandsmoothuk.weebly.com](http://collierescueroughandsmoothuk.weebly.com) for the contact details of the Collie Rescue area coordinators or contact [rodchris@talktalk.net](mailto:rodchris@talktalk.net)

## EMERGENCY COLLIE CARE FORM

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

---

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

More copies of this form are available from the Smooth Collie Club of Great Britain's website [www.smoothcollieclubgb.org.uk](http://www.smoothcollieclubgb.org.uk)

