

▶ PET OWNER INFORMATION

First Name: Last Name:

Street Address:

City:

State/Province: Zip/Postal Code:

Email Address:

Home/Cell Phone: Alternate Tel:

Optional: I give permission for 24PetWatch® to release my contact information above to my pet's finder (individual or organization).

▶ PET INFORMATION

Pet Name: Microchip #:

Species: Cat Dog Other:

Breed:

Age: Gender: Male Female Spayed/Neutered: Yes No

▶ PET MEDICAL INFORMATION

Diagnosed medical condition(s):

1.

2.

3.

Medications prescribed for the condition(s):

1.

2.

3.

Allergies:

Behavioral Issues:

Fields outlined in red are required.



24PetMedAlert® Form

TERMS & CONDITIONS

By signing below, I certify that I am the pet owner or am authorized to complete this form on behalf of the pet owner. I confirm that the information stated on this 24PetMedAlert® Form is complete and accurate. 24PetWatch® will not be responsible for any harm caused because the information in my 24PetMedAlert Form is incomplete or inaccurate. I agree to the terms of services set forth in the 24PetMedAlert FAQ's, including the payment & renewal terms. I agree that 24PetWatch may disclose information in my 24PetMedAlert Form to emergency personnel and others, including 24PetWatch operators in the U.S.A., to provide me with the service. 24PetWatch may share personal information about me and/or my pet at any time to anyone who finds my pet, unless I specify otherwise. I may review the terms of my 24PetMedAlert service by emailing 24PetMedAlert@24PetWatch.com or by calling 24PetWatch at 1-866-597-2424. I acknowledge and agree that 24PetMedAlert, 24PetWatch, and any associated brands or entities (including Pethealth Services Inc. and Pethealth Services (USA) Inc.) do not guarantee my pet's treatment by a finder and shall not be responsible for any damages, costs or losses suffered at any time by me, my pet, or my pet's finder.



Electronic Signature

Full Name: Date: