**Instructions for Emergency Animal Treatment and Care**

**General Information:**

|  |  |  |
| --- | --- | --- |
| ASP Number: | PI Name: | ASP Title: |

**Point of Contact (POC) Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Order of Contact | Work Phone | Other Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Animal Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Species | Housing Location(s) | Procedure(s) | Potential or Expected Complications | Circumstances Requiring Contact | Treatment Restrictions |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Criteria for Euthanasia:**

|  |  |
| --- | --- |
| Is euthanasia permitted at veterinarian’s discretion if animal is in poor condition, severe pain, and/or distress? | YES [ ] NO [ ] |
| • If yes, notify the POC? | YES [ ] NO [ ] |
| • If yes, is there a requested euthanasia agent and route of administration? • If so, please specify: | YES [ ] NO [ ] |
| • If yes, are there specific criteria for euthanasia? • If so, please specify: | YES [ ] NO [ ] |

**When Animals are Found Dead or Euthanized:**

|  |  |
| --- | --- |
| Notify POC? | YES [ ] NO [ ] |
| Refrigerate carcass? | YES [ ] NO [ ] |
| Dispose of carcass? | YES [ ] NO [ ] |
| Submit to DVR for necropsy? • If yes, please provide CAN: | YES [ ] NO [ ] |

**Additional Comments:**

|  |
| --- |
|  |

**Signature:**

|  |
| --- |
| Principal Investigator: |

*In an emergency, the veterinarian will take the appropriate action if no response is received from the PI/POC within 30 minutes of a notification attempt.*