

AFGHAN HOUND ASSOCIATION

(This form is designed for you to leave in your home in the event of an unexpected emergency to help safeguard your Afghan(s))

To whom it may concern - KEEP ALL DOORS CLOSED - These Hounds WILL try to escape

IN THIS EMERGENCY PLEASE CONTACT:

NAME: _____ ADDRESS: _____

TELEPHONE NOS: _____

RELATIONSHIP TO ME: _____

OR

NAME: _____ ADDRESS: _____

TELEPHONE NOS: _____

RELATIONSHIP TO ME: _____

NUMBER OF AFGHANS IN THIS HOUSE: _____

VET DETAILS:

Practice: _____ Tel no: _____

Address: _____

LOCATION OF LEADS, DOCUMENTS, MEDICINES, FOOD ETC: _____

AFGHAN 1:Name _____ Age _____ Sex _____ Colour _____

Temperament _____

Feeding guide _____

Medicine/Urgent care needs _____

Notes: _____

AFGHAN 2:Name _____ Age _____ Sex _____ Colour _____

Temperament _____

Feeding guide _____

Medicine/Urgent care needs _____

Notes: _____

My name: _____ Address: _____

_____ Telephone/Mobile: _____

This form is supplied by The Afghan Hound Association. For further information contact our Rescue Officer:
email:melinda.hitch@yahoo.co.uk