

EMERGENCY CONTACT CHART

Primary Location: _____

DIAL 911

PRIMARY EMERGENCY SERVICES

| Service | Phone Number | Notes/Account # |
|------------------------------|----------------|--------------------|
| Local Police (Non-Emergency) | | |
| Fire Department | | |
| Poison Control | 1-800-222-1222 | 24/7 National Line |
| Animal Hospital / Vet | | |

MEDICAL CONTACTS

| | | |
|---------------------------|-------|--------|
| Family Doctor | Name: | Phone: |
| Preferred Hospital | Name: | Phone: |
| Pharmacy | Name: | Phone: |

PERSONAL EMERGENCY CONTACTS

| Contact Name | Relationship | Primary Phone | Secondary Phone |
|--------------|--------------|---------------|-----------------|
|--------------|--------------|---------------|-----------------|

UTILITY & MAINTENANCE

Electricity:

Water:

Gas/Heat:

Locksmith:

Plumber:

Electrician:

This document is for informational purposes. Keep a printed copy in a visible location (e.g., refrigerator or exit door).

Print This Chart