СИТ	G
	Distributed courtesy of: Distributed courtesy of: SOMERSET CARCIDENT OR EMERGENCY
	I may be travelling with my pet(s) OR my pet(s) may be home alone. If I am unable to provide care for them for any reason, please notify:
	Contact Name, Address, & Phone:
FOLD	(See Reverse) FOLD
	By signing this card, I fully understand and accept that I will be responsible for any medical, boarding, care, etc. expenses provided to my animal(s), until such time as I or the designated person named. Date: Date:
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	About My Pet(s): Dog/Cat/Other; المعهو, Age & Special Needs:
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	Distributed courtesy of: Distributed courtesy of: SOMERSET CARTI County Animal Response Team
	l may be travelling with my pet(s) OR my pet(s) may be home alone. If I am unable to provide care for them for any reason, please notify:
	Contact Name, Address, & Phone:
FOLD	(See Reverse) FOLD
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