Headquarters and Training Center

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**Survival Kit Info Sheet**

**We never know when a disaster will affect our lives and the daily routines to which we are accustomed. It is our goal and wish to help you in any way we can to prepare you so the transition will be as smooth and stress-free as possible.**

**What we are talking about is an emergency preparedness kit or survival kit that you can easily take with you when you are forced out of your home or apartment and into an emergency shelter. These situations can be very stressful in the sense that most shelter and emergency personnel are not equipped or trained to handle a person with a service dog.**

**What follows is a basic guideline for creating a survival kit and you can adapt it to whatever suits your needs. Just remember to make it simple and lightweight because you will have to carry it. You might use a small backpack or tote. It should include:**

**(For You)**

* **A clean change of clothes/tooth brush etc.**
* **Folding white cane (there may be debris where you cannot work your dog)**
* **Towel**
* **Rain poncho**
* **Bottled water**

**(For Your Dog)**

* **Health and Rabies Certificate**
* **Portable water and food bowls**
* **Bottled water and measured amounts of food for dog**
* **Tie down and extra leash**
* **Pick up bags**
* **Set of booties for dog**
* **A whistle you can blow to help searchers locate you if necessary**
* **Medical information sheets along with dogs vet and emergency contact information**
* **School contact information**

**We have included forms to complete ahead of time and keep in a sealable plastic bag in your kit, one with your pertinent information and one with the information for your dog.**

**Keep in mind that dog food and water won’t keep indefinitely. It’s a good idea to switch out your dog’s food at least once a month. Just feed your dog what’s in your kit and replace it with fresh food. You can do the same thing with bottled water, just use what’s in your kit and replace it with fresh water.**

**It is better to have a kit you never need to use than to need one and not have it.**

**MY HEALTH INFORMATION**

**Name:**

**Date of Birth: Height:**

**Sex: M / F Weight:**

**Blood Type:**

**Address:**

**City/ State/Zip:**

**EMERGENCY CONTACTS**

**(1) Name:**

**Phone(s):**

**Address:**

**Relationship:**

**(2) Name:**

**Phone(s):**

**Address:**

**Relationship:**

**DOCTORS/ PHARMACY**

**Doctor: Phone:**

**Doctor: Phone:**

**Pharmacy: Phone:**

**LIVING WILL/ ADVANCE DIRECTIVE**

**On File At:**

**Living Will: Yes / No**

**Durable Power of Attorney: Yes / No**

**Do Not Resuscitate Form: Yes / No**

**MEDICAL CONDITIONS**

**(Check All That Exist)**

**( ) Angina ( ) Implanted Device**

**( ) Asthma ( ) Implanted Hardware**

**( ) Bleeding Disorder ( ) Joint Replacement**

**( ) Cancer ( ) Liver Disorder**

**( ) Cataracts ( ) Memory Impaired**

**( ) Coronary Bypass Graft ( ) Pacemaker**

**( ) Dementia ( ) Alzheimer’s**

**( ) Diabetes/Insulin dependent**

**( ) Renal Failure ( ) Paralysis**

**( ) Eye Surgery ( ) Hemodialysis**

**( ) Respiratory Disorder ( ) Seizure Disorder**

**( ) Hepatitis ( ) Speech Impairment**

**( ) Hypertension/High BP ( ) Stroke**

**( ) Hypoglycemia**

**( ) Other**

**ALLERGIES**

**( ) No Known Allergies ( ) Horse Serum**

**( ) Penicillin ( ) Aspirin**

**( ) Insect Stings ( ) Sulfa**

**( ) Barbiturates ( ) Latex**

**( ) Codeine ( ) Eggs**

**( ) Tetracycline ( ) Lidocain**

**( ) Demerol ( )Environmental**

**( ) X-Ray Dyes ( ) Morphine**

**( ) Novocain**

**( ) Other Allergies**

**SURGERY HISTORY (RECENT)**

**Date:  
Date:  
Date:**

**MEDICAL INSURANCE**

**Medical Insurance Company:**

**Policy #:**

**Other Medical Ins. Co.**

**Policy #:**

**Medicaid #: Medicare #:**

**CURRENT MEDICATIONS**

**Drug Name:**

**Dose:**

**Doctor/Pharmacy:**

**Phone:**

# SERVICE DOG SURVIVAL KIT INFORMATION

**Name: Phone:**

**Address: State:**

**City: Zip:**

**Dog’s Name: Age: M / F**

**Breed: Color:**

**ID#:**

**Micro chip #:**

**Approx. Weight:**

**Food type/Brand:**

**Dog’s medications (if any):**

**SCHOOL INFORMATION**

**Name:**

**Phone:**

**Vet Name:**

**Address:**

**City: State: Zip:**

**Phone:**

**EMERGENCY CONTACTS**

**(1) Name:**

**Address:**

**City: State: Zip:**

**Phone: Relationship:**

**(2) Name:**

**Address:**

**City: State: Zip:**

**Phone: Relationship:**

03/2023