

# PET IDENTIFICATION



My Name: \_\_\_\_\_

My Phone number: Home \_\_\_\_\_ Work \_\_\_\_\_

My Address \_\_\_\_\_

Pet's Name: \_\_\_\_\_  Cat  Dog  Other

Breed: \_\_\_\_\_ Sex:  Male  Female Age: \_\_\_\_\_

Spayed/Neutered:  No  Yes

County Tag ID#: \_\_\_\_\_

Does your pet have an ID micro chip?  No  Yes If yes, what is the number: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Tail: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Hair Length: \_\_\_\_\_

## Veterinarian Information

Vet Office: \_\_\_\_\_ Vet's name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_

Any medical conditions / allergies? \_\_\_\_\_

Any special medications? \_\_\_\_\_

General disposition: \_\_\_\_\_

Is your pet good around children?  No  Yes

Is your pet good around dogs?  No  Yes

Is your pet good around cats?  No  Yes

Specific identifying marks and/or features that would help in identifying your pet: \_\_\_\_\_

\_\_\_\_\_

In case of emergency please contact: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

