

# ANIMAL INFORMATION FORM

Attach recent photos of animal showing any distinctive identifying marking, *with owner*.

Animal's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

License # \_\_\_\_\_ Microchip Number \_\_\_\_\_

Type/Breed \_\_\_\_\_ Weight \_\_\_\_\_ Color/Marking \_\_\_\_\_

Tattoo, brand or other identifier \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Physical Address \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Physical Address \_\_\_\_\_

## Food:

Type \_\_\_\_\_ Amount \_\_\_\_\_ Schedule \_\_\_\_\_

Type \_\_\_\_\_ Amount \_\_\_\_\_ Schedule \_\_\_\_\_

## Medications:

Type \_\_\_\_\_ Dose \_\_\_\_\_ Schedule \_\_\_\_\_

Type \_\_\_\_\_ Dose \_\_\_\_\_ Schedule \_\_\_\_\_

Type \_\_\_\_\_ Dose \_\_\_\_\_ Schedule \_\_\_\_\_

## Vaccines / Tests Given (Vet provided proof of vaccination or test results may be required for travel or shelter.)

Date given \_\_\_\_\_ Date expires / due \_\_\_\_\_ Type \_\_\_\_\_

Date given \_\_\_\_\_ Date expires / due \_\_\_\_\_ Type \_\_\_\_\_

Date given \_\_\_\_\_ Date expires / due \_\_\_\_\_ Type \_\_\_\_\_

## Other Information (behavior notes, allergies, etc.)