

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.)