

Companion Animal Identification

Information About You

Name _____

Address _____

Day Phone _____ Night Phone _____

Cell Phone/Pager _____ E-Mail Address _____

Emergency Contact Information

Name _____ Relationship _____

Address _____

Day Phone _____ Night Phone _____

Cell Phone/Pager _____ E-Mail Address _____

Information About the Animal

Animal's Name _____

Species _____ Breed _____

Sex _____ Age _____

Spayed/Neutered? _____ Weight _____

Microchip? _____ Microchip Number _____

Date of Last Vaccinations _____ Rabies Tag Number _____

Medical Conditions or Allergies: _____

Special identifying marks/features to help identify your animals (cropped ears, tail docked, scars, etc):

Good around Children? _____ Good around Dogs? _____ Good around Cats? _____

Veterinary Information

Office Name _____ Vet Name _____

Address _____

Phone Number _____ Emergency Number _____