

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 City License 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 you pet good around cats? No Yes

Specific identifying marks an/or features that would help in identifying your pet.

In case of emergency please contact:

Notes:

Staple, glue or tape a recent photo of your pet here.