

Pet /Owner ID Form [Affix to pet crate] Date:

If possible: Attach Photo of Pet

Pet Owner: <input type="text"/>	Telephone Numbers:
Address (line 1): <input type="text"/>	Home: <input type="text"/>
Address (line 2): <input type="text"/>	Work: <input type="text"/>
City, state, zip: <input type="text"/>	Mobile: <input type="text"/>
Email #1: <input type="text"/>	Other: <input type="text"/>
Email #2: <input type="text"/>	

Pet Name: <input type="text"/>	Species: <input type="text"/>	Gender: <input type="text"/>
Breed: <input type="text"/>	Date of Birth (approx): <input type="text"/>	Neutered: <input type="text"/>
Color/Markings: <input type="text"/>	Micro Chip: <input type="checkbox"/>	Brand: <input type="text"/>
Wearing Collar w/ ID tags? <input type="checkbox"/>	Chip #: <input type="text"/>	

Rabies Vaccination #: <input type="text"/>	Date of Rabies Vaccination: <input type="text"/>
Other Vaccination/Shot: <input type="text"/>	Date: <input type="text"/>
Other Vaccination/Shot: <input type="text"/>	Date: <input type="text"/>

Medical Condition: <input type="text"/>	
Medication: <input type="text"/>	Dosage: <input type="text"/>
How to administer meds (please describe): <input type="text"/>	

Other medical issues, special needs, special diet, etc: <input type="text"/>
Diet and Feeding Schedule: <input type="text"/>
Off limits (please do not feed or expose my pet to): <input type="text"/>
Food and/or Drug Allergies: <input type="text"/>

Vet Name: <input type="text"/>	Work: <input type="text"/>
Address: <input type="text"/>	Mobile: <input type="text"/>
City, state, zip: <input type="text"/>	Other: <input type="text"/>

Alternative Pet Care Giver: <input type="text"/>	Home: <input type="text"/>
Address: <input type="text"/>	Work: <input type="text"/>
City, state, zip: <input type="text"/>	Mobile: <input type="text"/>

Medical Care: If your pet is injured do you authorize an available veterinarian to provide medical treatment? Yes: <input type="checkbox"/> No: <input type="checkbox"/> ★ I will reimburse any expenditures up to Max. Amt: \$ <input type="text"/>
Chemical Restraint: If necessary for treatment or safety do you authorize available licensed veterinarian to administer chemical restraint (sedative)? Yes: <input type="checkbox"/> No: <input type="checkbox"/>