

Individual Pet Record:

(Please fill out one sheet for each pet that you have. Use back for more notes)

Name of pet: _____ (Attach pictures)

Name of owner: _____ Home phone: _____
Cell phone number: _____

Species: Dog, Cat, Rodent, Bird, Reptile, Other: _____

Age: _____ Sex: Male, Female Intact Spayed/Neutered

Height: _____, Weight: _____, Colors: _____

Identifying marks: _____

Collar: ID tag: Microchipped: Other ID: _____

Diet: Foods: _____

Amount: _____, Times per day: Once, Twice, Self-feeding

Other food information: _____

Elimination: must be walked at least 4 times daily, uses papers, uses litter box,

Other: _____

Veterinarian's name, phone number and address: _____

Health problems, special needs: _____

Medication: None, As needed, taken _____ times daily.

Type and dosage: _____

Crate/Carrier: , current ID tag attached: , where stored: _____

Muzzle: , Leash: , Choke chain: , Gentle leader/Halti: , Harness:

Temperament: calm, easy to handle; somewhat fearful; may snap/scratch,

Dog friendly; Cat friendly; Caution: _____

Favorite treats, toys, games, other info: _____