

Dog Identification Form

Owner's name: _____
Home #: _____ Cell #: _____ Work #: _____
Address: _____

Designated Emergency Pet Guardian: _____
Home #: _____ Cell #: _____ Work #: _____
E-mail address: _____
Address: _____

Pet's name: _____ Dog Cat Other: _____
Breed: _____ Sex: Male Female Age: _____
Spayed/Neutered: Yes No Tag ID: _____ Tatoo : _____
ID Microchip: Yes No If yes, Microchip #: _____
Weight: _____ Height: _____ Eye color: _____ Tail: _____
Hair color: _____ Hair length: _____

Veterinarian office:
Vet's name: _____ Phone #: _____
Date of last vaccinations: _____
Any medical conditions/allergies?: _____

Any special medications?

General disposition:
Is your pet good around children? Yes No
Is your pet good around dogs? Yes No
Is your pet good around cats? Yes No

Specific identifying marks and/or features
that would help to ID your pet:

List of people who could identify your pet:
1. Name : _____
Phone : _____
2. Name : _____
Phone : _____

Notes : _____

