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 : _____________________________

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