

Individual Pet Record

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

Name of pet: _____ (Picture Attached)
staple, glue or tape a recent photo to the reverse

Name of Owner: _____ Cell phone: _____

Home phone: _____

Emergency Contact: _____ Cell Phone: _____

Home Phone: _____

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

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

Height: _____ Weight: _____ Colors: _____

Identifying marks: _____

Identification:

Collar ___ ID tag ___ Microchipped ___ chip number: _____ Other ID: _____

Diet:

Foods: _____

Amount per day: _____ Times per day: Once ___ Twice ___ Free fed ___

Other food information: _____

Elimination:

Must be walked at least 4 times daily ___ uses papers ___ uses litter box ___

Other: _____

Regular Veterinarian:

Name : _____

Clinic: _____

Address: _____

Telephone: _____ Where medications are stored: _____

Health problems, special needs: _____

Medication: Type/Dose: _____ As needed ___ Taken _____ times daily.

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Crate/Carrier: Current ID tag attached: ___ where stored: _____

Muzzle: ___ Leash: ___ Slip Collar: ___ Gentle leader/Halti: ___ Harness: ___ where stored: _____

Temperament: Calm, easy to handle ___ Somewhat fearful ___ May snap/scratch ___

Dog friendly ___ Cat friendly ___ Caution: _____

Favorite treats, toys, games, other info: _____

Individuals who could identify pets:

Name: _____ Phone: _____ Name: _____ Phone: _____