



### PET INFO



Pet's Name \_\_\_\_\_ Cat  Dog  Other \_\_\_\_\_

Breed \_\_\_\_\_ Weight \_\_\_\_\_ Birthday/Age \_\_\_\_\_

Sex: Male  Female  Neutered/Spayed  Microchip # \_\_\_\_\_

Color/Markings/Description (attach a recent picture) \_\_\_\_\_



### TEMPERAMENT/BEHAVIOR



Normal  Shy  Fearful  Bites  Scratches  Aggressive

Other \_\_\_\_\_



### MEDICAL HISTORY



Drug Allergies \_\_\_\_\_

Shots (Type & Date) \_\_\_\_\_

Current Illnesses \_\_\_\_\_

Medications \_\_\_\_\_



### PET PARENT INFO



Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_



### VET INFO



Regular Vet Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Driving Directions \_\_\_\_\_



### EMERGENCY #S



**24-hour ER Name:** \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Driving Directions \_\_\_\_\_

**Animal Poison Control Phone #** \_\_\_\_\_

Date Updated \_\_\_\_\_