



# PFS - PET INFORMATION

Please complete non shaded areas. Complete one form for each Pet.

Pet Name (Print in <u>big</u> letters)		Pet Number	
		Family Number	
		Location	
Owner Last Name		Carrier Number	

If Dog; Breed (primary)				If Dog; Breed (mix/secondary)					
If Cat; Breed			Color						
Gender	F <input type="checkbox"/>	M <input type="checkbox"/>	Age:		Weight		Neutered/Spayed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tattoo / Chip #			Tag ID #		Date of last rabies vaccination	/ /			
Special markings?									
Briefly describe important <u>temperament</u> issues that animal handlers should know about									
Is the Pet ill or taking any medication? If yes, please state illness and specify medication and describe times and means of medication given (ex: oral, injection or added to food, 2 times daily...)									

Attach photo of pet	