## **Individual Pet Record:**

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

Name of pet:			☐ (Attach pictures)
Name of owner:			
Species: ☐ Dog, ☐ Cat,	$\square$ Rodent, $\square$ Bird,	☐ Reptile, ☐ Otl	her:
Age:	Sex: ☐ Male, ☐ F	emale $\square$ Intact $\square$	Spayed/Neutered
Height:, We	eight:, Col	ors:	
Identifying marks:			
Collar: ☐ ID tag: ☐	Microchipped: □ O	ther ID:	
<u>Diet:</u> Foods:			
Amount:	_, Times per day: □	Once, $\square$ Twice, $\square$	Self-feeding
Other food information:			
Elimination: $\square$ must be walked at least 4 times daily, $\square$ uses papers, $\square$ uses litter box,			
Other:			
Veterinarian's name, phone number and address:			
Health problems, special needs:			
Medication: □ None, □ As needed, □ taken times daily.   Type and dosage:			
Crate/Carrier: □, current ID tag attached: □, where stored:			
Muzzle: $\Box$ , Leash: $\Box$ , Choke chain: $\Box$ , Gentle leader/Halti: $\Box$ , Harness: $\Box$			
Temperament: $\Box$ calm, easy to handle; $\Box$ somewhat fearful; $\Box$ may snap/scratch,			
□ Dog friendly; □ Cat friendly; □ Caution:			
Favorite treats, toys, games, other info:			