

Pet Information

Pet's Name _____ **Sex: Male Female Not Sure**
(Please Circle One)

Dog Cat Other: _____ **Breed:** _____

Color/ Markings _____

Date of Birth _____ **or Age:** _____ **weeks months years**
(Please Circle One)

Spayed/ Neutered? Yes No Not Sure If spayed/ neutered, when? _____
(Please Circle)

If health care was previously provided for this pet, please note the animal hospital or clinic where care was last obtained. _____