

Email \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name \_\_\_\_\_  
 Company \_\_\_\_\_

**Veterinarian**

Installed by \_\_\_\_\_ Date \_\_\_\_\_  
 Chip ID Code \_\_\_\_\_  
 ID Microchip Installed: yes / no \_\_\_\_\_  
 Registration # \_\_\_\_\_  
 License # \_\_\_\_\_  
 Additional Description \_\_\_\_\_  
 Distinctive Markings \_\_\_\_\_  
 Color \_\_\_\_\_  
 Spayed / Neutered: yes / no \_\_\_\_\_ Date \_\_\_\_\_  
 Birthday \_\_\_\_\_  Male  Female  
 Breed \_\_\_\_\_

**Pet Identification**



Pet Name \_\_\_\_\_

Place Photo Here

**This Pet Record Belongs to:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Fold 1

Fold 2

Date Prescribed \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Medical Condition \_\_\_\_\_  
 Prescribing Vet \_\_\_\_\_  
 Dosing Method \_\_\_\_\_  
 Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
**Drug** \_\_\_\_\_

Date Prescribed \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Medical Condition \_\_\_\_\_  
 Prescribing Vet \_\_\_\_\_  
 Dosing Method \_\_\_\_\_  
 Dosage \_\_\_\_\_ Frequency \_\_\_\_\_  
**Drug** \_\_\_\_\_

**Current Medications**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_  
 Vaccines Administered \_\_\_\_\_  
 Symptoms \_\_\_\_\_  
 Tests \_\_\_\_\_  
 Diagnosis \_\_\_\_\_

**Vaccination/Examination**

**Feeding Habits**

Maintenance Feed \_\_\_\_\_  
 Special Feed \_\_\_\_\_  
 Type of Food \_\_\_\_\_  
 Feeding Times \_\_\_\_\_ Amount \_\_\_\_\_  
 Snacks \_\_\_\_\_  
 Food Sensitivities \_\_\_\_\_  
 Dog is aggressive around food? yes / no



[www.CenterForPetSafety.org](http://www.CenterForPetSafety.org)