

Pet Name _____

Place Photo Here

This Pet Record Belongs to:

Name _____

Address _____

Home Phone _____

Cell Phone: _____

Work Phone: _____

Email: _____

Pet Identification

Breed _____

Birthdate ____/____/____ Male Female

Spayed / Neutered: yes / no Date _____

Color _____

Distinctive Markings _____

Additional Description _____

License # _____

Registration # _____

ID Microchip Installed: yes / no

Chip ID Code _____

Installed by _____ Date _____

Feeding Habits

Maintenance Feed _____

Special Feed _____

Type of Food _____

Feeding Times _____ Amount _____

Snacks _____

Food Sensitivities _____

Dog is aggressive around food? yes / no

Veterinarian

Company _____

Name _____

Address _____

Phone _____

Email _____

Vaccination/Examination

Date ____/____/____ Age _____ Weight _____

Vaccines Administered _____

Symptoms _____

Tests _____

Diagnosis _____

Current Medications

Drug _____

Dosage _____ Frequency _____

Dosing Method _____

Prescribing Vet _____

Medical Condition _____

Date Prescribed ____/____/____ Ending Date ____/____/____

Drug _____

Dosage _____ Frequency _____

Dosing Method _____

Prescribing Vet _____

Medical Condition _____

Date Prescribed ____/____/____ Ending Date ____/____/____

Drug _____

Dosage _____ Frequency _____

Dosing Method _____

Prescribing Vet _____

Medical Condition _____

Date Prescribed ____/____/____ Ending Date ____/____/____



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