



# Pet Information

Please answer each question as completely and precisely as you can. Separate forms have been provided for each animal. Please attach your pet's most recent vet papers if you have them. Please include a photo of your pet.

**IT IS MANDATORY THAT YOUR PET BE SPAYED OR NEUTERED FOR YOU TO QUALIFY AS A PET PROJECT CLIENT!**

## General Information

Your Name: \_\_\_\_\_

Type of animal: DOG / CAT

Pet's Name: \_\_\_\_\_

Pet's WEIGHT: \_\_\_\_\_

Sex: M F

Pet's Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Rabies Tag #: \_\_\_\_\_

Neutered or Spayed?  Y  N

How long have you owned this animal? \_\_\_\_\_

## Medical and Veterinarian Information

Vet Name: \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_ @ \_\_\_\_\_

Approximate Date of Last Visit to Vet: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of last fecal examination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does your pet have an ongoing medical condition? If yes, please explain: \_\_\_\_\_

Dates of last shots your pet had: Annual shots: Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Rabies: Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is your pet currently taking medication?  Y  N

Does your pet require medication periodically?  Y  N If yes to either question, please provide specific details. \_\_\_\_\_

Is your dog currently taking heartworm medication?  Y  N

Is your dog currently treated for fleas and ticks?  Y  N If yes, type of treatment: \_\_\_\_\_