



Expert Knowledge - Exceptional Service

ANIMAL INFORMATION CARD

RESIDENT'S NAME: _____

RESIDENT'S ADDRESS: _____

UNIT NO. _____

ANIMAL'S NAME: _____ AGE _____

DESCRIPTION: _____

VET'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

HOW LONG HAVE YOU HAD THIS ANIMAL? _____

DATE & EVIDENCE OF:

<u>TYPE</u>	<u>WEIGHT</u>	<u>CERT. OF GOOD HEALTH</u>	<u>RABIES</u>
DOG	_____	_____	_____
CAT	_____	_____	_____

<u>TYPE</u>	<u>DISTEMPER</u>	<u>SPAYED/NEUTERED</u>	<u>LICENSE</u>	<u>DECLAWED</u>
DOG	_____	_____	_____	N/A
CAT	_____	_____	_____	_____

COMMENTS & WARNINGS

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