

# Pet Card



Animal	
Name:	Breed:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Castrated / Sterilized: <input type="checkbox"/> No <input type="checkbox"/> Yes
Tattoo number:	Chip number:
Age:	Weight:
Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	
Habitual veterinarian	
Name:	
Address:	Phone:
Person to contact in case of emergency (other than the owner of the animal)	
Name:	
Address:	Phone:
Food	
Name of the food:	Provided by:
Portions per day:	Time of feeding:
Additional information about the animal	
Vaccines up to date? ( <i>please attach a copy of health record</i> )	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any health issue?	<input type="checkbox"/> No <input type="checkbox"/> Yes :
Any treatment to follow?	<input type="checkbox"/> No <input type="checkbox"/> Yes :
Up-to-date flea treatment and dewormer?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Orders to which he/she is accustomed:	
Other useful information:	