

FAMILY MEMBER DATA-- SEVEN -- PETS			
<b>Pet's Name:</b>		We own ____ # of pets. Therefore, this page is # ____ of ____ total.	
<b>Fill this out now with your regular or permanent base information:</b>			
My name is:			
Our regular Home Address is:			
City:	County:	State:	Zip:
Phone 1:	Cell Phone 1:	Email 1:	
Phone 2:	Cell Phone 2:	Email 2:	
<b>Fill out this section when you submit this info. You may have temporarily relocated.</b>			
Today's date is: ___/___/___ Current Address is:			
City:	County:	State:	Zip:
Phone 1:	Cell Phone 1:	Email 1:	
Phone 2:	Cell Phone 2:	Email 2:	
Other:			
This current address and contact info is: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary until ___/___/___ or _____			
<b>PET INFO ( Fill this out now, and fill out a new sheet for each pet )</b>			
Pet's Name:			
Species (Dog, Cat, etc.):		Breed (Type):	
Sex:	Height:	Length:	Weight:      Date of birth: ___/___/___
Colorings / Markings:			
Distinctive identifiers (scars, etc.):			
Does this animal wear a collar? <input type="checkbox"/> Y <input type="checkbox"/> N Describe collar:			
Is there an "owner's info tag" on this animal? <input type="checkbox"/> Y <input type="checkbox"/> N      Implanted locator / ID chip? <input type="checkbox"/> Y <input type="checkbox"/> N      Tattoo? <input type="checkbox"/> Y <input type="checkbox"/> N			
Does this animal bite? <input type="checkbox"/> Y <input type="checkbox"/> N Behavioral problems or peculiar habits:			
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Answers to voice commands of:			
Spayed or Neutered? <input type="checkbox"/> Y <input type="checkbox"/> N Current rabies tag #: _____ Vaccination month: _____			
Regular flea treatment? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, brand: _____			
Allergies:			
History of medical problems/conditions/care:			
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<input type="checkbox"/> More info attached			
Medications:			
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Does this pet have a medic alert tag? <input type="checkbox"/> Y <input type="checkbox"/> N			
Dietary, care, and feeding instructions:			
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Regular Veterinarian:		Name of Clinic:	
Address:			
City:	County:	State:	Zip:
Phone 1:	Cell Phone 1:	Email 1:	
Phone 2:	Cell Phone 2:	<b>Emergency #:</b>	
Website:	Pager:	Fax:	
<input type="checkbox"/> <b>Proof of vaccinations</b> <input type="checkbox"/> Copies of <b>medical records</b> <input type="checkbox"/> <b>Photos:</b> Face, side, angle, & <b>with owners</b> <b>Attachments:</b> <input type="checkbox"/> Photocopies of <b>tags</b> <input type="checkbox"/> Copy of veterinary <b>insurance</b> or memberships <input type="checkbox"/> Copy of pedigree papers <input type="checkbox"/> Contact info for local animal control office <input type="checkbox"/> Contact info for local Humane Society office			
Store copies of this form: <input type="checkbox"/> Bugout Kit <b>Info Pack</b> <input type="checkbox"/> Taped to pet <b>leash or collar</b> <input type="checkbox"/> Taped to pet's <b>carrier</b> <input type="checkbox"/> In <b>vehicle</b>			
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