Information Sheet

Name of animal: _____

Species/type of animal: _____ Colour: _____

Physical characteristics: _____ Age: _____

Sex: _____ Approximate weight: _____ Neutered: ☐ Yes ☐ No

Microchip number: _____

Your name (or name of person in charge of the animal): _____
_____

Phone: _____ Address: _____

Veterinary clinic, name and address: _____
_____

Clinic phone: _____

Medical details (medication, special diet, allergies, etc.): _____
_____

Behavioural characteristics (shy, sociable, reactive, preferences, etc.): _____
_____

Can live with: ☐ Dogs ☐ Cats ☐ Children

Emergency contact who can take in the animal, if necessary, name: _____
_____

Emergency contact details: _____