HUMANE SOCIETY
OAKVILLE MILTON HALTON

Halton Region - Families in Transition

PET INFORMATION FORM

(For multiple pets please write the information on the other side of the paper)

Owner Name: _____ Phone: _____
First Last

Referring Agency : _____ _____ Phone: _____

Case Worker (if applicable):_____ Phone: _____

Pet's Name: _____ Species: _____ Breed: _____

Colour: _____ Age: _____ Sex: _____ Fixed Yes:_____ No:_____

Microchip Yes: _____ No: _____ Additional ID(special markings/tags): _____

_____

Medical History (Veterinarian: Vaccinations and dates of last boosters/current medications/allergies/medical conditions):

_____

_____

Personality (Temperament/behaviour information/fears): _____

_____

_____

Feeding (Brand of food/amount/how often): _____

_____

Additional Information: _____

_____

_____