

Pet's Name: _____ Species: Dog Cat

Breed: _____ Color: _____ DOB/Approx. Age: _____

Sex: Female Male Spayed/Neutered Microchip: No Yes: _____

Is your pet current on vaccines? Yes No Not sure
Is there any other information we should know about your pet?

Medical

Condition(s)/Diagnosis: _____

Daily Medications - Please list: _____

Allergies (confirmed): _____

Unsure of medical background My pet has no known medical conditions

Behavior

Aggressive Dog Aggressive Prefers woman / men Fearful/Shy (go slow)

My pet has no known behaviors that should be disclosed for the safety of my pet and the WGAH staff

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Breed: _____ Color: _____ DOB/Approx. Age: _____

Sex: Female Male Spayed/Neutered Microchip: No Yes: _____

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