SERVICE ANIMAL/PET IDENTIFICATION FORM and IN CASE OF EMERGENCY FORM

[Optional introductory paragraph for service animals.]

_____ is a tasked trained service animal who performs tasks to mitigate the effects of my disability. If we are separated in an emergency situation, please refer to this document for care instructions for _____. It is important to return this animal to its owner as soon as possible.

Owner's Name(s): _____

Phones: (____) ____-_____(Home) (____) ____-_____(Cell) (____) ____-_____(Work)

E- mail: _____

Address: _____

Description

Service Animal/Pet's Name_____Dog___Cat___Other_____

Breed: _____

Sex: M/F Spayed/Neutered: Y/N

Age/Date of Birth: _____

Weight: _____

Primary Color(s):_____

Detailed Markings:_____
_____
_____

Microchip: Y/N Brand of Microchip: _____ Chip #: _____

Tattoo: Y/N Tattoo Description: _____

Animal is registered with a pet recovery service: Y/N Service: _____

Other identification markings:_____
_____
_____

Medical and Health Information

Veterinarian Information:

_____

_____

_____

Vaccinations: Up to date/Out of Date Date of vaccinations_____ If out of date, why?

_____

_____

Known medical problems and significant health history:

_____

_____

Currently taking medications: Y/N If yes, see attached medication list.

Food Allergies/Intolerances: Y/N Describe:

_____

_____

Medication Allergies/Intolerances: Y/N Describe:

_____

_____

Other Allergies: Y/N Describe:

_____

_____

Temperament and Training

Aggressive to people: Y/N Details on any aggression towards people:

_____

_____

Aggressive to dogs: Y/N Details on any aggression towards dogs:

_____

_____

Aggressive to cats: Y/N Details on any aggression towards cats:

_____

_____

Aggressive to children: Y/N Details on any aggression towards children:

_____

_____

Can be housed with other dogs: Y/N Can only be housed with certain dogs Y/N

Describe circumstances for housing with other dogs:

_____

_____

Stressors/Fears:

_____

_____

Usual response to stressors:

_____

Ways of controlling stressors/fears:

_____

_____

Housebroken: Y/N Crate Trained: Y/N

Emergency Contacts / Designated Guardians

If I must be separated from my service animal or pet, or if he/she is found without me, contact the following individuals in the order listed below. These people are permitted to make decisions regarding _____ in the event I cannot be reached. We will be financially responsible for his care.

_____(Local Contact) (___)___-____ (Home) (___)___-____ (Cell) (___)___-____(Work)

_____(Out of area) (___)___-____ (Home) (___)___-____ (Cell) (___)___-____(Work)

_____(Alternate) (___)___-____ (Home) (___)___-____ (Cell) (___)___-____(Work)

_____(Alternate) (___)___-____ (Home) (___)___-____ (Cell) (___)___-____(Work)

Medication List

Medication	Dosage	Time/Frequency	Give until	Condition
Name of medicine	List amount of the medication	#/days or every # hours	As needed/until end of bottle/ until x date/ ongoing	List why the medication is taken

Pictures of _____

[Include a front and side view to make identification easier.]