

## **ANIMAL INFORMATION CARD**

RESIDENT'S NAME: PROPERTY:\_\_\_\_\_APT#:\_\_\_\_ ADDRESS: ANIMAL'S NAME: AGE DESCRIPTION: VET'S NAME: \_\_\_\_\_\_ ADDRESS:\_\_\_\_\_ PHONE NUMBER: DATE & EVIDENCE OF: TYPE WEIGHT CERT. OF GOOD HEALTH **RABIES** DOG CAT ANIMAL TYPE DISTEMPER SPAYED/NEUTERED LICENSE DECLAWED DOG N/A CAT ANIMAL **COMMENTS & WARNINGS** 

## A COPY OF UPDATED SHOT RECORDS MUST BE ATTACHED TO THIS FORM!

Shot records will be requested annually at time of recertification.

Revised 10-25-2022



