

Please print

Last Name:

First Name:

Phone Number:

Address

City, State, Zip Code

Please circle your answer:

Species:	Sex:	Age:	Weight:	Breed: _____
Dog	male	3-12 months	Less than 20lbs	
or	or	1yr or older	20-50lbs	Color: _____
Cat	female	_____age if known	Over 50lbs	

Pet's name: _____

Has your pet been spayed or neutered? Yes or No

If you have multiple pets, please list them on a separate sheet of paper. Thanks!

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