

Pet Application/Registration Form

Name of pet owner: _____
Apartment/unit number: _____
Home telephone: _____ Work telephone: _____

Pet Information

Please list all pets separately:

Pet's name	Type/Breed	Age	Spayed or Neutered?	License or I.D. #

Pet References:

Veterinarian: _____
Address: _____ Phone: _____

Your previous residence:

Name of landlord or resident manager (circle one): _____
Address: _____ Phone: _____

Insurance:

Agency: _____
Address: _____ Phone: _____

Pet's Emergency Caretaker:

Name: _____
Address: _____ Phone: _____

I have read and understand the house rules pertaining to pets and I and members of my household promise to fully comply.

Signature of pet owner: _____ Date: _____

Approved by: _____ Date: _____

Pet Health Report

Pet's name: _____ Date: _____

Owned by: _____

Dog Cat Bird Other: _____ Breed: _____
 Male Female Spayed or Neutered Age: _____ Color: _____

Vaccinations

Canine

- Distemper
- Distemper/Measles
- (CAV-2) Hepatitis
- Lepto C & 1
- Parvo Virus
- Bordetella
- Corona Virus
- Other: _____

Feline

- Panleukopenia
- Rhinotracheitis
- Calici Virus
- Leukemia
- Chlamydia
- Other: _____

Vaccinations Expire: _____

Physical Examination

	N*	A	Comments
1. General appearance			
2. Coat/Skin/Nails			
3. Heart/Lungs			
4. Eyes			
5. Ears			
6. Teeth			
7. Urogenital			
8. Muscle/Bones			
9. Temperament			
10. Other: _____			

*N=Normal/ A=Abnormal

11. Evidence of flea/tick infestation: Yes No

Comments _____

I certify, as an accredited veterinarian licensed to practice in this state, that the above described animal has been examined by me on this date and shows no sign of any infectious or contagious disease. Current vaccinations and spay/neuter status are as indicated above.

Veterinarian's Name (please print) _____

Address: _____

Phone: _____

Veterinarian's Signature: _____

Date: _____