

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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