

**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 of Animal

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Vaccinations: Up to date/Out of Date Date of vaccinations _____ If out of date, why?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

[Attach a front and side view to make identification of your animal easier.]

Form created by Tiffany Huggard-Lee
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