

FOSTER



Just two to eight weeks can save a life.

Pet History

Do you currently have any pets at home? Yes ____ No ____

If yes please complete the following:

Name of Pet	Breed	Age	Sex	Altered	Vaccinated

We will need to verify that all of your animals are current on their vaccinations. Please provide your veterinarian's name and phone number so we may contact them.

Name: _____ Phone Number: _____

Are your pet's medical records under your name? If not, please list the name under which the medical records are kept. _____

Do your pets get along with other animals? Yes ____ No ____ Sometimes ____

Have you had any other pets in the last 5 years? Yes ____ No ____

If yes, please complete the following:

Breed	Age	Reason you no longer have the pet