

FAIRFAX COUNTY

PET/SERVICE ANIMAL INFORMATION

ABOUT MY PET

Pet Name: _____ Species: _____ Microchip #: _____

Color: _____ Breed: _____

Gender: _____ Weight: _____ Spay/Neuter Status: _____

Home address: _____

Behavior Instructions for Handling Info: _____

Food type: _____ Food Amount: _____

OWNER INFORMATION

Owner # 1 Name: _____

Phone: _____ Email: _____

Alternate Contact Name: _____

Phone: _____ Email: _____

See back to fill out medical information

MEDICAL INFORMATION

Veterinarian Name: _____

Veterinarian Phone #: _____

Veterinarian Address: _____

Date of last rabies vaccine: _____ Rabies tag #: _____

Date of last Bordetella vaccine: _____ Date of last distemper/parvo vaccine: _____

Current Medical Conditions: _____

Pet Medications: _____ Instructions: _____

Pet Medications: _____ Instructions: _____

Pet Medications: _____ Instructions: _____

Pet Medications: _____ Instructions: _____



PREPAREDNESS
THROUGH
PARTNERSHIPS

WWW.FAIRFAXCOUNTY.GOV/EMERGENCYMANAGEMENT