

Information Form for Visiting Companion Animal

(All information must be completed and all requirements must be met *before* animal enters facility.)

Today's date: _____

Owner's name: _____ Handler's name (if different): _____

Phone #: (____)____ - ____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip code: _____

Animal's name: _____

Type of animal: _____

Breed: _____ Age: _____

Color/markings: _____

Sex: M F Neutered: Yes No

If pet is a registered therapy animal, please list registering organization (such as Delta Society Pet Partners®, Therapy Dogs International, Therapy Dogs Inc.): _____

Registration #: _____

Date registration expires: _____

If you have not registered your pet with this type of organization, do you plan to do so in the near future? Yes No

Is pet examined regularly by a veterinarian? Yes No

How often? _____

Name of veterinarian/clinic: _____

Phone # of veterinarian/clinic: (____)____ - ____

To all visiting pet owners:

Please carefully read the statement on the next page and then sign it if you agree to the terms. If your pet does not conform ***in any way*** to all standards specified in this statement, it ***may not*** visit the building or anywhere on the grounds of this facility. We appreciate your cooperation in providing this information regarding your companion animal.