



# ANIMAL INFORMATION SHEET

If you, or any other Resident/Occupant, will have an animal, please complete this form in its entirety.

Applicant Name(s): \_\_\_\_\_ Ph No: \_\_\_\_\_  
\_\_\_\_\_ Ph No: \_\_\_\_\_  
\_\_\_\_\_ Ph No: \_\_\_\_\_  
\_\_\_\_\_ Ph No: \_\_\_\_\_

Property Address: \_\_\_\_\_

Animal Name: \_\_\_\_\_  
Type: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
City of License: \_\_\_\_\_  
License No: \_\_\_\_\_  
Date of Late Rabies Shot: \_\_\_\_\_  
Housebroken: \_\_\_\_\_  
Animal Owner's Name: \_\_\_\_\_

Animal Name: \_\_\_\_\_  
Type: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
City of License: \_\_\_\_\_  
License No: \_\_\_\_\_  
Date of Late Rabies Shot: \_\_\_\_\_  
Housebroken: \_\_\_\_\_  
Animal Owner's Name: \_\_\_\_\_

Animal Name: \_\_\_\_\_  
Type: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_  
Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
City of License: \_\_\_\_\_  
License No: \_\_\_\_\_  
Date of Late Rabies Shot: \_\_\_\_\_  
Housebroken: \_\_\_\_\_  
Animal Owner's Name: \_\_\_\_\_

Emergency Veterinarian:  
Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_