

**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**

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:

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Vaccinations: Up to date/Out of Date    Date of vaccinations \_\_\_\_\_    If out of date, why?

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Known medical problems and significant health history:

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Currently taking medications: Y/N    If yes, see attached medication list.

Food Allergies/Intolerances: Y/N    Describe:

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Medication Allergies/Intolerances: Y/N    Describe:

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Other Allergies: Y/N    Describe:

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**Temperament and Training**

Aggressive to people: Y/N    Details on any aggression towards people:

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Aggressive to dogs: Y/N    Details on any aggression towards dogs:

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Aggressive to cats: Y/N    Details on any aggression towards cats:

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Aggressive to children: Y/N      Details on any aggression towards children:

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Can be housed with other dogs: Y/N      Can only be housed with certain dogs Y/N

Describe circumstances for housing with other dogs:

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Stressors/Fears:

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Usual response to stressors:

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Ways of controlling stressors/fears:

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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 \_\_\_\_\_

[Include a front and side view to make identification easier.]

Form created by Tiffany Huggard-Lee

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