

## Veterinarian Verification

Name of pet owner: \_\_\_\_\_

Apartment Number: \_\_\_\_\_

Canine Breed: \_\_\_\_\_

**\*\*If a mixed breed, please list combination of breeds. No Pit Bulls, Dobermans, German Shepherds, Rotweilers or Chows are permitted. This includes mixed breeds.\*\***

Date of Verification: \_\_\_\_\_

Age of Pet: \_\_\_\_\_

Weight of Pet: \_\_\_\_\_

If less than one year old, approximate weight at 1 year of age: \_\_\_\_\_

Name of Pet: \_\_\_\_\_

Description of Pet: \_\_\_\_\_

\_\_\_\_\_

Name of Veterinary Clinic: \_\_\_\_\_

Address of Clinic: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of person to contact for questions: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

signature

print name