

Veterinarian Verification

Name of 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 Animal: _____

Weight of Animal: _____

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

Name of Animal: _____

Description of Animal: _____

Name of Veterinary Clinic: _____

Address of Clinic: _____

Phone Number: _____

Name of person to contact for questions: _____

Veterinarian: _____

signature

print name

updated 4/2012