

CONTACT INFORMATION

OWNER'S INFORMATION

Name: _____
Address: _____
City _____ STATE _____
Home Phone: _____
Cell Phone: (_____) _____
Work Phone: (_____) _____

VETERINARIAN'S INFORMATION

Name: _____
Address: _____
City _____ STATE _____
Phone: (_____) _____

EMERGENCY CONTACT INFORMATION

Name: _____
Relationship: _____
Phone: (_____) _____
Emergency #: (_____) _____

GROOMER'S INFORMATION

Name: _____
Phone: (_____) _____
Collar Size: _____
Last Shampoo: _____
Last Bath: _____
Comments: _____

PET'S INFORMATION

Name: _____
Gender: _____
 Spayed Neutered
Breed: _____
Date of Birth: _____
Height: _____ Weight: _____
Registration#: _____
Registered Name: _____
Sire's Reg. #: _____
Sire's Name: _____
Sire's Breed: _____
Dame's Reg. #: _____
Dame's Name: _____
Dame's Breed: _____

PET'S IDENTIFICATION

Microchip ID Number: _____
License Number: _____
Collar Color: _____
Identifying Markings: _____

SPECIAL MEDICAL INFORMATION

Diet: _____

Allergies: _____

Medical Conditions: _____

CAT HEALTH RECORDS

KEEPING TRACK OF YOUR PET'S HEALTH

"Your Pet's Photo"



800-344-6337 | www.LambertVetSupply.com

Name: _____

Date of Birth: _____

Breed: _____

Sex: _____

Markings: _____

Veterinarian: _____

