

Date Completed _____

**Schedule A
Animal Information Sheet
Pet Stewardship Program**

Name of Owner _____

Address _____ City _____ Prov. _____

Postal Code _____ Telephone _____ Email _____

Name of Companion Animal _____

How long have you had this Companion Animal? _____

Date of Birth _____

Date of Adoption _____ Microchip # _____

Description of Companion Animal

Breed _____ Colour and Markings _____

Eye Colour ____ Weight ____ Sex ____ Altered ____ Declawed ____

Long/Short Hair _____

Other Noticeable Identifying Characteristics (Photograph Enclosed)

Character of Companion Animal

Eating Preferences _____ Brand of Food _____

How often fed per day? _____ Favorite Treats _____

Type of liter preferred (if applicable) _____

Sleeping Preferences and Habits _____

Exercise Preferences _____

Play Preferences (indicate favorite toys) _____

General Personality Traits (shy, outgoing, affectionate, playful, etc)

Particular Grooming Needs _____

Enjoys being groomed? Yes ___ No ___
Walks on a leash? Yes ___ No ___
Travels well in car? Yes ___ No ___
Can be left alone? Yes ___ No ___

In your own words, describe your Companion Animal.

Health Record

Name of Veterinarian _____ Name of Clinic _____

Address _____ City _____ Prov _____

Postal Code _____ Phone Number _____

Medical History

Vaccinations: Yes ___ No ___ Date of last vaccination _____

Cats:

Rabies _____ Distemper _____ Feline Leukemia _____

Dogs:

Rabies _____ Parvovirus _____ Distemper _____

Hepatitis _____ Parainfluenza _____

If female, has she ever had a litter? Yes ___ No ___

Allergies or other Medical Issues

Ongoing Treatment (if any) _____

Preferred Home

The best home for my Companion Animal would have:

- Children _____
- Access to Outdoors _____
- Other Dogs _____
- Other Cats _____
- Other Animals _____

Please expand on the above, or make other requests that you think are important for your Companion Animal.

In your own words, describe the home that you would like for your Companion Animal.

Other Information

- Personal Letter _____
- Section of Will Included _____
- Digital Picture _____