

Date Completed \_\_\_\_\_

**Schedule A  
Animal Information Sheet  
(to be reviewed annually)**

**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? \_\_\_\_\_

Birthdate \_\_\_\_\_

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)

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**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)

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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.

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### **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

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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.

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

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**Other Information**

Personal Letter \_\_\_\_\_

Section of Will Included \_\_\_\_\_

Digital Picture \_\_\_\_\_