

INDIVIDUAL ANIMAL IDENTIFICATION RECORD

DEM / DIVISION OF AGRICULTURE
 ANIMAL HEALTH SECTION
 235 PROMENADE STREET
 PROVIDENCE, RI 02908-5767
 (401) 222-2781 FAX 401-222-6047

Shelter / Entity: _____
 Address: _____
 Phone number: _____
 ANIMAL NAME: _____
 DATE OF IMPORTATION: _____

ANIMAL IDENTIFICATION / DESCRIPTION

SPECIES	BREED	COLOR	SEX	AGE / D.O.B	MICROCHIP #	OTHER*

SOURCE OF ANIMAL (Name of ENTITY / Shelter / Rescue/ Individual)

NAME
ADDRESS
CITY / STATE / ZIP
TELEPHONE

ISOLATION FACILITY

NAME
ADDRESS
CITY / STATE / ZIP
TELEPHONE

FOSTER

NAME
ADDRESS
CITY / STATE / ZIP
TELEPHONE

ADOPTEE

NAME
ADDRESS
CITY / STATE / ZIP
TELEPHONE

MEDICAL RECORDS and Mortality Information (if appropriate)

RABIES VACCINATION ADMINISTERED

DATE	PRODUCER	PRODUCT	EXPIRATION DATE

ADDITIONAL IMMUNIZATIONS / ANTHELMINTIC RECORDS

DATE	PRODUCER	PRODUCT	EXPIRATION DATE

ADDITIONAL MEDICAL INFORMATION (if known)

Spay / Neuter date:

* If animal is identified by photos make notation here and attach copies of the photos to this sheet.
 Photos must be clear and be taken from the left side, right side, and front of the animal.