

# INDIVIDUAL ANIMAL RECORD

(This form must be kept on site for 24 months at pet shop where adoption event was held)

Shelter name: \_\_\_\_\_ License number: \_\_\_\_\_

Adoption event location: \_\_\_\_\_ Adoption event date: \_\_\_\_\_

Animal Name	Sex	Microchip number	Species
Breed	Color & Markings	Date Received	Time Received
Age	Date of Spay/Neuter	Birthplace of animal (city, state)	
Name of Sending Shelter	Address	Phone Number	
Adopter	Address	Phone Number	Adoption date

**VETERINARY HEALTH CERTIFICATION:** I certify that the above animal has been examined by me on this date, and that the information provided is true and accurate to the best of my knowledge, and that the following findings have been made. I certify that the animal described above has been examined by me on this date and appears to be free of any infectious or contagious disease and exposure thereto, and free of any physical abnormalities that would endanger the animal. To the best of my knowledge the animal described above originated from an area not quarantined for rabies and has not been exposed to rabies.

Veterinarian's Name: \_\_\_\_\_ MA License Number: \_\_\_\_\_

Address: \_\_\_\_\_ Accredited: ☐ Yes ☐ No

Phone: (\_\_\_\_\_) \_\_\_\_\_

Veterinarian signature: \_\_\_\_\_ Veterinary Exam date: \_\_\_\_\_

**\*VETERINARY HEALTH CERTIFICATION MUST BE DATED WITHIN 7 DAYS OF PLACEMENT\***

Medical history (including but not limited to illnesses, surgery, disease, medications/dosages, vaccines, dates etc.)

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Attach other relevant documents to this form.