

PACFA FORM

Pet Animal Care Facilities Act

Pet's Name: _____

Owner's Name: _____

Address: _____

Phone Number: _____

Breed: _____

Specific Identifying Characteristics (color, etc.):

Gender: _____

Birthdate: _____

Veterinarian: _____

By signing this form, I understand that I am giving permission to the following if deemed necessary or requested by veterinarians: crate my dog; use behavioral control devices (corrective collars, etc.); and the use of off-label products (Benedryl, etc.).

Owner