Pet Identification Card

	Name:	M/F:
Pet Photo	Breed:Ag	je:
	Owner Name:	
	Address:	
	Phone:	
	Email address:	
	Emergency Contact:	
	Medical Requirements:	
	Veterinarian:	
Animal Care Services 212-2780 Veterans Memorial Parkway F: 250.478.0624 Victoria, BC, Canada V9B 356 www.crd.bc.ca	www.crd.bc.ca/prepare-pets	i

Pet Identification Card

Name:______M/F:_____ Breed:_____Age:____ Owner Name:_____ Address:_____ Pet Photo Email address: Emergency Contact: Medical Requirements: Veterinarian: