

Application to Register a Pet

(Print a copy and take it to Sue Markell at Barriefield Animal Hospital)

One submission is required per dog that you need a caring, loving, and safe environment due to a deployment or emergency . In the other pertinent information section at end of the form, please let us know if your pets can be placed with different foster home caregivers or desire them to remain together. All attempts will be made to keep your pets together.

Submission of this document is not a guarantee that we can place your beloved pet or pets.

Military Service Member Pet Owner Information:

Pet Owner Full Name: _____

Military ID #: _____

Current Address: Street: _____

City: _____

Postal Code: _____

Day Phone: _____

Evening Phone: _____

E-mail: _____

Anticipated Departure _____

Date: _____

Anticipated Return Date: _____

Primary Stateside Point of Contact (POC):

Individual who has been designated with authority to act on your behalf during deployment. Contacting this individual would only be needed if we are unable to reach you via email where we may need to transfer the pet to another foster home caregiver.

POC Full Name: _____

Relationship to Pet Owner: _____

Current Address: Street: _____

City _____

Prov: _____

Day Phone: _____

Evening Phone _____

E-mail _____

Pet Information:

Pet Name: _____

Pet Breed/Markings: _____

Pet Microchip #: _____

Pet is Microchip Co: _____

Any Known Allergies : _____

Heartworm/Flea/Tick

Prevention: (Type of _____
Product)

Current Living

Environment(apt,home): _____

Good with Other Animals: _____

If 'No' explain details : _____

Good with Young Children: _____

If 'No',explain details: _____

Housetrained: _____

Any concerns/habits: _____

Crate Trained: _____

Under what circumstances
may the animal exhibit
aggressive, passive, or
fearful behavior: _____

Favorite Games/Toys: _____

Where does pet sleep: _____

Has the animal bitten or
scratched anyone within _____
last 10 days:

Does your animal jump
fences: _____

Is your animal leashed
trained: _____

Has your animal had any
obedience training: _____

Does your animal know
any tricks or commands: _____

Type of Food: _____

Amount Fed and When: _____

Type of Preferred Treats: _____

Any Food Sensitivities: _____

Exercise - Walking

Schedule: _____

Does your pet need
regular grooming (Canine Only) _____

Is your pet currently on
any medications: _____

If Yes-Details from
previous veterinarian: _____

Medications estimated
costs: _____

Veterinary Estimated
Costs: _____

Other pertinent information about your pet or additional information pertaining to the information requested above, please provide below, so that we may best match your beloved pet with a caring, loving, and safe environment during a deployment.

My full name entered below indicates that I have provided full details about my beloved pet and understand that Paws for Deployment will assist me in locating a caring, loving, and safe environment for my pet to the best of their ability.

Submitter's Full Name: _____

Date Submitted (mo/day/year): _____

Confidentiality: Any personal information provided to our organization is not shared outside of the Paws for Deployment organization. Your name, telephone number and email address is only shared with a foster home caregiver upon your permission to do so.

Paws for Deployment Representative _____

Date Signed (mo/day/year): _____