

# INDIVIDUAL ANIMAL IDENTIFICATION RECORD

DEM / DIVISION OF AGRICULTURE  
 ANIMAL HEALTH SECTION  
 235 PROMENADE STREET  
 PROVIDENCE, RI 02908-5767  
 (401) 222-2781 x74515 FAX 401-222-6047

RI Licensed Releasing Agency: \_\_\_\_\_  
 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      Date IN: \_\_\_\_\_      Date OUT: \_\_\_\_\_

NAME
ADDRESS
CITY / STATE / ZIP
TELEPHONE

### FOSTER      Date IN: \_\_\_\_\_      Date OUT: \_\_\_\_\_

NAME
ADDRESS
CITY / STATE / ZIP
TELEPHONE

### ADOPTEE      Date of Adoption/ Transfer: \_\_\_\_\_

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)

<b>Spay / Neuter date:</b>

\* If Animal is identified by PHOTOGRAPHS (in lieu of Microchip), make notation 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.