



CANCERcare®

## PET OWNERSHIP VERIFICATION FORM

### PET OWNER'S INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Pet: ☐ Dog ☐ Cat

Please specify breed of dog or cat or indicate "unknown": \_\_\_\_\_

Name of Pet: \_\_\_\_\_

### Part A - Service Animals

*If your cat or dog is a certified service animal, please attach a copy of your service animal's identification card or certificate.*

### Part B – Veterinarian Certification

*PLEASE COMPLETE ALL FIELDS below if your cat or dog is not a registered service animal and your veterinarian is certifying your pet ownership.*

### VETERINARIAN INFORMATION (please print)

Veterinarian / Clinic Name: \_\_\_\_\_

Contact Name at Veterinarian Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Veterinarian Medical License Number: \_\_\_\_\_

**I attest that to the best of the knowledge of this veterinary clinic, the individual listed as "Pet Owner" above is currently the owner of the pet identified above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_