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 of 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 of 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: _____