

Suffolk Veterinary Group Animal Wellness and Laser Surgery Center

856 Middle Country Road * Selden * New York * 11784 * 631-696-2400 * www.SuffolkVeterinaryGroup.com

Today's Date: _____

Report Of A Lost Pet

In order to assist us in helping you find your special companion, we need certain information from you regarding yourself and the pet. We do not provide your information to anyone without permission, and by signing this form, you give permission to any and all Suffolk Veterinary Group PetCare Team Members to provide your contact information to any individuals that may contact our office asking about a pet that matches, or as closely matches as possible, the description of the pet described on this form. We hope your special companion and yourself can be reunited very soon!

Primary Contact:

Last Name: _____ First Name: _____

Street Address: _____ Town: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Lost Pet Information:

Pet's Name: _____ Pet's Age: _____

Species (circle one): Dog Cat Other (specify): _____

Pet's Gender (circle one): Male/Intact Male/Neutered Female/Intact Female/Spayed

Pet's Breed: _____

Pet's Coat Color: _____

Identifying Markings: _____

Any Identifying Tags, Leashes, or Collars: _____

Rabies Tag Number If You Know It: _____ Year Vaccinated: _____

Does The Pet Have A Medical Condition (describe): _____

Is The Pet Microchipped (circle one): Yes No

If Yes, Microchipped Type and Number: _____

Date Lost: _____ Town In Which Pet Was Lost: _____

Describe Cross Streets Or General Area Where Pet Was Lost: _____

I, _____ (print name), give Suffolk Veterinary Group Animal Wellness & Laser Surgery Center PetCare Team Members permission to provide **My Primary Contact Name** and **My Primary Contact Phone Number(s)** to any and all individuals that contact Suffolk Veterinary Group with information regarding a **Lost Or Found Pet** that matches, or as closely matches as possible, the description of the pet listed above. I understand that with this permission, I cannot hold Suffolk Veterinary Group Animal Wellness & Laser Surgery Center PetCare Team Members responsible for any communications between myself and any individual receiving my contact information.

Signature: _____ Date: _____