



County of Santa Clara Large Animal Identification Form

Owner (Last, First) or P#					
Home Address					
City, ST, Zip					
Boarding Address (if different)					
City, ST, Zip					
Home Phone Cell Phone					
Emergency Phone Secondary Cell Phone					
Email(s)					
Name, Address and Phone Number of veterinarian(s):					
List any other individual(s) with authority to make <u>all</u> decisions regarding	animal care (including veterinary ca	are):			
Name, Address and Phone Number					
Name, Addiess and Frione Number					
Name, Address and Phone Number					
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If Animal is found:					
Location where found:					
Address or intersection	City	ST	Zip		
Finder's Name, Address and Phone Number					
☐ Finder is interested in adoption or providing foster care					

LAE Animal ID Form M-003 Rev 02/02/14





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Animal's Name		Age				
Primary Color		Species (horse, sheep, pig, etc.)				
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Horse (Circle One)		Other Large Animal (Circle One)				
Mare	Gelding	Stallion	Male	Female		
Markings/Other Descriptors						
3						
Identification						
Identification tags	All Tag	All Tag Information				
Microchip	Numbe	r		Company		
Brand/Tattoo	Details	Details				
Other Identifier	Details					
Vaccinations: Any inform	ation provided by ow	ner must be accompanied	with proof of vaccination.			
, p y						
Special Needs						
□ Allergies/special diet required						
☐ Known medical condition(s)						
☐ Medication #1		Dosage		Schedule		
☐ Medication #2		Dosage		Schedule		
☐ Medication #3		Dosane		Schedule		

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