



Oakland County Fair Pocket Pet Record



ALL ABOUT YOUR PET

Name of your pet			
Type of Pet		Species	
Date of birth if known		Pet age	
	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Fixed ? <input type="checkbox"/> No <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	
How many of this type of pet do you have?		How long have you had your pet?	

OWNERSHIP (How and when did you acquire your pet?)

VETERINARY CARE

Did your pet visit the vet this past year? No Yes

If no, when was the date of your last vet visit? (___ / ___ / ___) If yes, when and why?

Vaccine Records (attach a copy of the pet vaccine record to this report if available)	
Type of vaccine	Date (___ / ___ / ___)
Type of vaccine	Date (___ / ___ / ___)

Has your pet been sick this past year? If yes, please explain?

FEEDING YOUR PET

What do you feed your pet?	
Is it a bought mix or your special mix?	
If special mix, what are the ingredients?	
How many times a day do you feed your pet? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more	How much?
Is there a special time you feed more or less?	
When and why?	

GROOMING YOUR PET (Do you groom your pet? No Yes If yes, describe the process & how often)

BREEDING (If you do not breed your pet, skip this section)

# of females	# of males	# of times they are bred per year
# of offspring	Do you keep expense and profit records? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you sell the offspring? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you sell the breeders? <input type="checkbox"/> No <input type="checkbox"/> Yes	

SHOWING (Please list any showing or exhibiting activities you have done with your pet)

