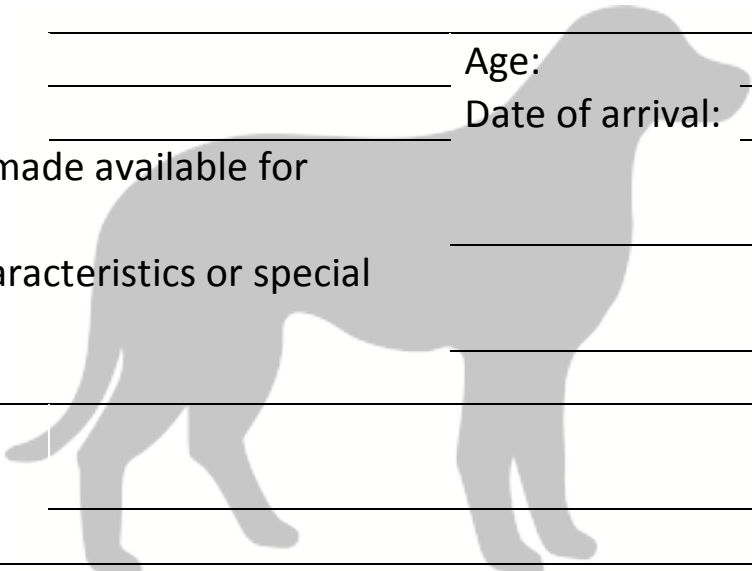


Name:	_____
ID Number:	_____
Breed:	_____
Sex:	_____
Age:	_____
Color:	_____
Date of arrival:	_____
Date first made available for adoption:	_____
Known characteristics or special qualities	_____
Special Needs:	_____
www.FreePrintableMedicalForms.com	



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