



# 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 ?<br><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)

|  |
|--|
|  |
|  |
|  |
|  |
|  |



**Tell us a brief story about your pet.**

What you have enjoyed about having your pet? Tell us about how you cared for your pet, training you did, unusual experiences, or something else special about you and your pet.

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**PHOTO** Attach a picture of you and your pet.

Youth Name \_\_\_\_\_

Age (as of 1/1 of current year) \_\_\_\_\_