

Please Print Clearly

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Complete above for return mailing**

**For best results use: medium black or blue ballpoint pen. (PLEASE PRINT)**

# INFORMATION FORM

**DO NOT USE:**

Fine tip Ballpoint  
or felt tip pen,  
red Ballpoint  
or pencil.

**This form will be  
microfilmed exactly  
as we receive it, so  
please be neat  
and accurate  
as possible.**



**Pet's Name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Tag#** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Home#:** \_\_\_\_\_ **Work#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**MEDICAL CONDITIONS**

+

**MEDICATION**

\_\_\_\_\_

\_\_\_\_\_

**VACCINES**

**FOOD**

\_\_\_\_\_

\_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Pet Insurance Carrier:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Permission to treat in an emergency: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Owner's Signature X:** \_\_\_\_\_

U.S. Patent  
# 4,920,672

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Doc/PetForm0105-OF

Check: \_\_\_\_\_ Money Order: \_\_\_\_\_ Enclosed or:

Card Number: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scope: \$12.95  or Update: \$5.95

FL residents add 6% Sales Tax

Complete and Mail Payment to:

Optic ID

PO Box 970320 Coconut Creek, FL 33097

"ANY ORDERS RECEIVED WITHOUT PAYMENT OR A PREPAID SERIALIZED ORDER FORM WILL NOT BE PROCESSED"