BERKSHIRE HUMANE SOCIETY

MICROCHIP FORM

Please complete this form and return it to Berkshire Humane Society. Thank you.

OWNER INFORMATION

Date __________________________  Owner Name ________________________________

Physical Address ____________________________________________________________

City __________________________ State _____________ Zip ________________________

Mailing Address (if different from above) _______________________________________

City __________________________ State _____________ Zip ________________________

E-mail ________________________________________________________________

Primary Phone __________________________ Alternative Phone __________________

ABOUT YOUR PET

Species  □  Cat  □  Dog

Size of Animal  □  Small  □  Medium  □  Large  □  Extra Large

Is this pet spayed/neutered?  □  Yes  □  No

Animal Name ______________________________________________________________

Date of birth/Age ____________________________________________________________  □  Male  □  Female

Primary Breed __________________________________ Hair Length __________________

Primary Color __________________________ Secondary Color __________________

Other Features _____________________________________________________________

Return form to BSC at 214 Barker Road, Pittsfield, MA 01201  •  (413) 447-7878  •  www.BerkshireHumane.org