



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 \_\_\_\_\_