

# BeKind PetFind National Registry Database Information Change Form

Use this form to change information in the BeKind PetFind National Registry Database ONLY if you are the currently registered pet owner. If you have not previously registered your pet with BeKind PetFind, please fill out and submit a Registration Form. Questions? Call us at 1-800-InfoPET, (800-463-6738).

1. Enter your pet's Microchip Number \*

OR Brass Collar Tag Number \*

2. Enter your Current Information:

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_

Zip Code\* \_\_\_\_\_

Phone\* \_\_\_\_\_

Cell Phone\* \_\_\_\_\_

Email\* \_\_\_\_\_

May we share your contact information with the person who finds your Lost Pet? \*  
Yes or No

3. Co-Pet Parent/Alternate Contact (Friend, Neighbor or Family Member who we can contact if we cannot reach you if your pet is found):

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Cell Phone\* \_\_\_\_\_

Email\* \_\_\_\_\_

4. Veterinary Clinic information:

Veterinary Clinic Name\* \_\_\_\_\_

Veterinary Clinic Phone\* \_\_\_\_\_

5. Identify and describe your pet:

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

Species\*  Dog  Cat  Bird  Horse  Rabbit  Reptile  Other

Sex\*  Male  Female

Spayed/Neutered?\*  Yes  No  Unknown

Breed \_\_\_\_\_

Date of Birth \_\_\_\_\_

Color \_\_\_\_\_

6. Enter optional Medical Information & Medications for your pet in the space provided below.

\_\_\_\_\_

7. Date of your pet's last Rabies Vaccination: \_\_\_\_\_ mm/dd/yy

8. Enter any additional information about your pet or you -- to help BeKind PetFind quickly & safely return your lost pet home.

\_\_\_\_\_

9. If you have more than one pet registered with BeKind PetFind, please enter their Microchip ID Number(s) OR Brass Collar Tag Number(s) in order to apply Pet Parent and Alternate Contact information changes to their files as well.

If you want to change individual pet information, you will need to fill out this Information Change Form for each pet.

Pet 1 \_\_\_\_\_ Pet 2 \_\_\_\_\_ Pet 3 \_\_\_\_\_

\* - Required information

Mail this completed form to:

BeKind PetFind

15400 W. 64th Ave, 9E #116

Arvada CO 80007-6852

Or

Fax this completed form to: 303-785-8787

I agree to the terms and conditions of BeKind PetFind.

Signature \_\_\_\_\_ Date \_\_\_\_\_



BeKindPetFind.com