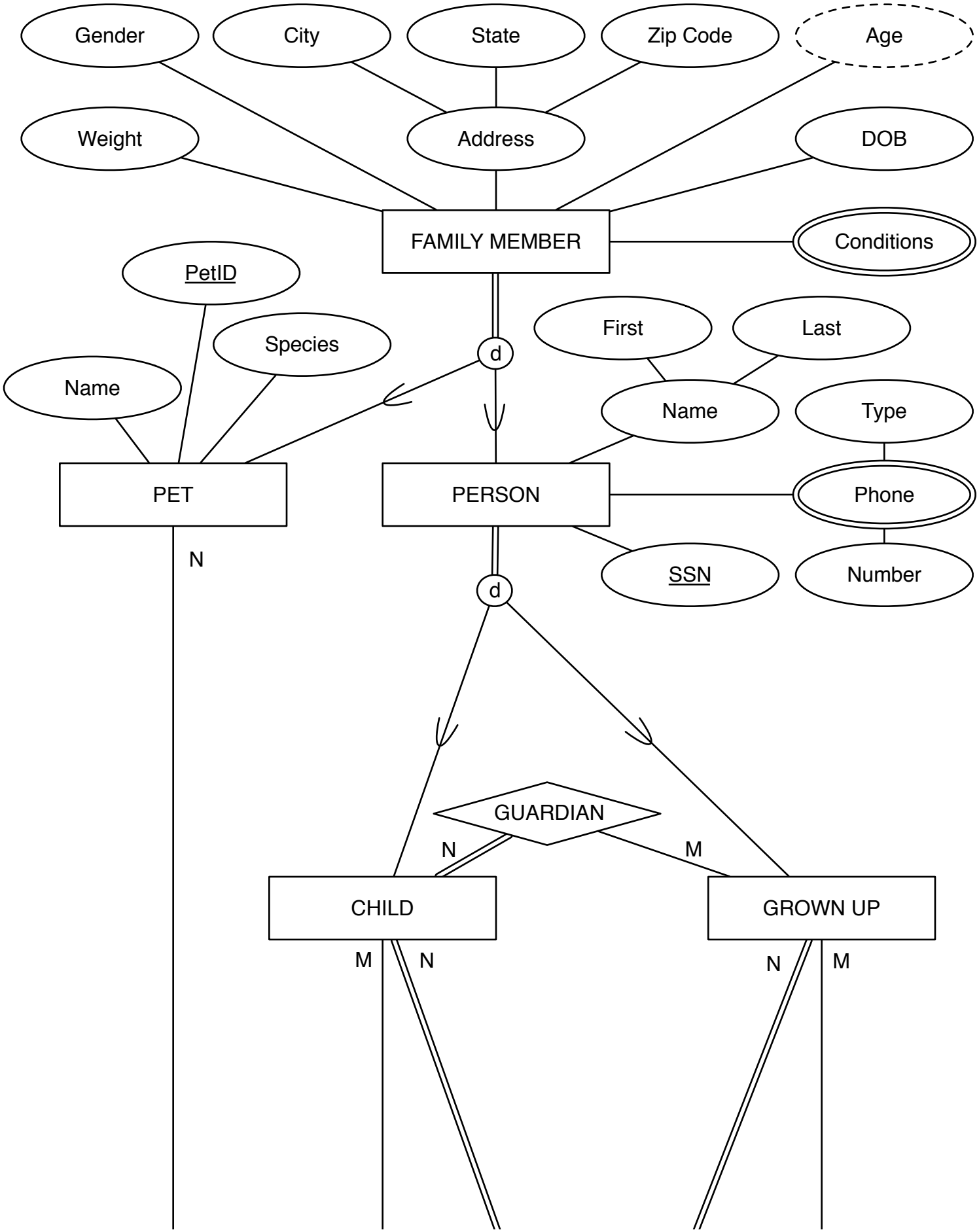
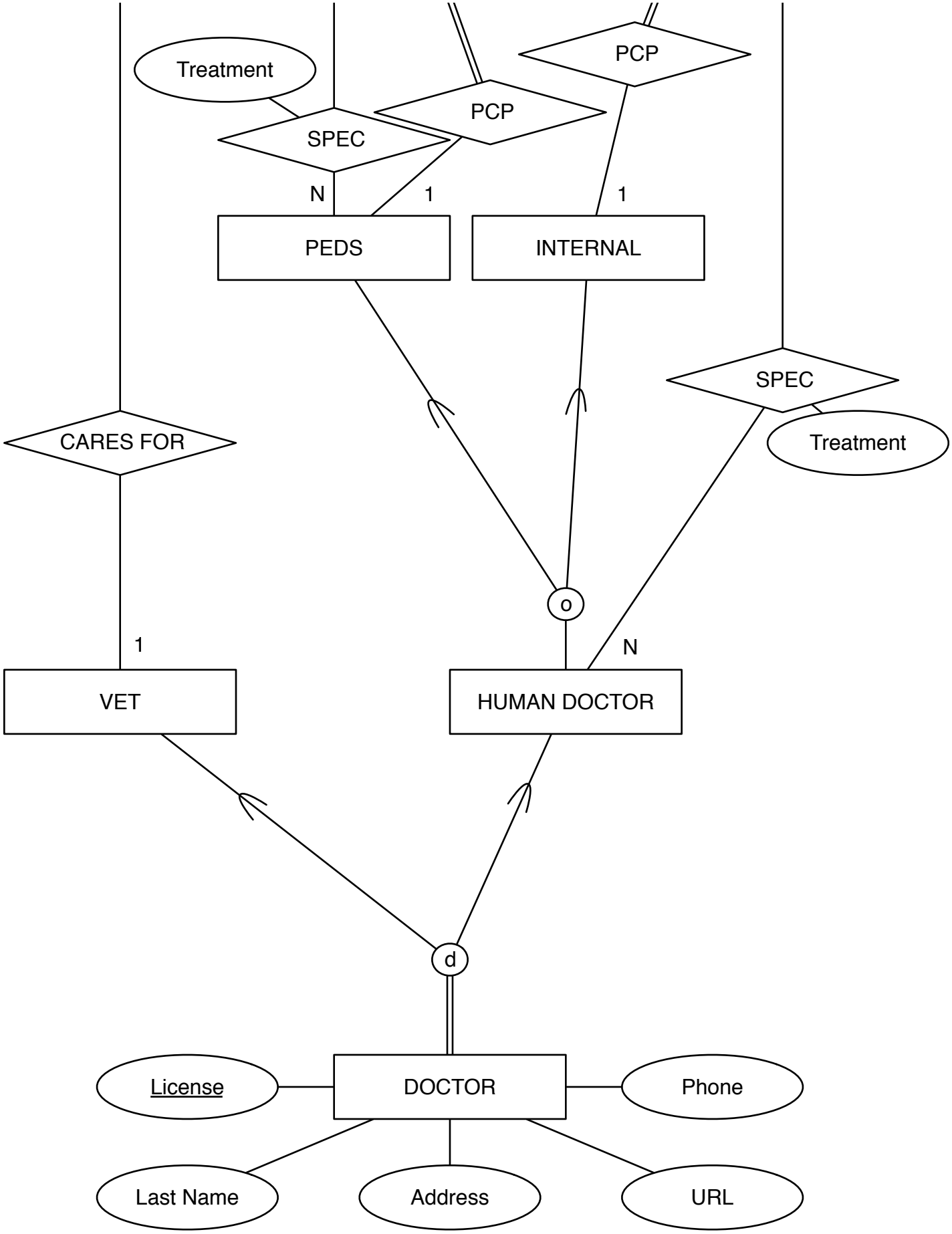

Gender
City
State
Zip Code
Age
Weight
Address
DOB
FAMILY MEMBER
Conditions
PetID
Species
Name
d
First
Last
Name
Type
PET
PERSON
Phone
N
SSN
Number
d
GUARDIAN
N
M
CHILD
GROWN UP
M
N
N
M


Treatment
PCP
PCP
SPEC
N
1
1
PEDS
INTERNAL
SPEC
Treatment
CARES FOR
o
1
N
VET
HUMAN DOCTOR
d
License
DOCTOR
Phone
Last Name
Address
URL