



COLORADO
Department of Agriculture
Inspection & Consumer Services Division



The information in this packet are examples of what the facilities are required to keep as part of their records. As a PACFA licensee you are required to create your own forms and ensure they include all required information as defined and required in the Colorado Statutes and Rules pertaining to the Pet Animal Care Facilities Act. Please visit our website to access the link that will take you to the Colorado Statutes and Rules.

If you have any questions about these forms for your facility please contact your inspector or our office.

Pet Animal Care Facilities Act

cda_pacfa@state.co.us

303-869-9146



Facility Name

Facility Address

PACFA License Number

Animal Medical Record

Date: _____ Age / Date of Birth: _____

Name of Animal: _____ Pet ID/ Microchip: _____

Breed: _____

Sex (Male, Female, Neutered): _____

Color: _____ Distinguishing Features: _____

Age / Date of Birth: _____

Clinical Signs: _____

Veterinary Diagnosis: _____

Medications Prescribed: _____

Dosage: _____

Date	Drug Administered	Dose Administered	Time AM	Time PM	Initials



Facility Name

Facility Address

PACFA License Number

Dog / Cat Breeder Inventory Record

Date: _____

Name of Animal: _____ Pet ID/ Microchip: _____

Breed: _____

Sex (Male, Female, Neutered): _____

Color: _____ Distinguishing Features: _____

Age / Date of Birth: _____ Date Pet Acquired: _____

Weight at acquisition (if required): _____

Acquired From: _____

Disposition (sold, transferred, died, euthanized): _____

Date adopted, transferred, or death: _____

Name of Receiving Party: _____

Address of Receiving Party: _____

Phone Number of Receiving Party: _____

Veterinary Care (vaccinations, treatment records, etc....) attached records if necessary



Facility Name

Facility Address

PACFA License Number

Lost / Deceased Animal Form

(for Grooming & Boarding / Training Facilities)

Date of Incident: _____ Time of Incident: _____

Name of Animal: _____ Age of Animal: _____

Breed: _____

Sex (Male, Female, Neutered): _____

Name of person making report: _____

Description of Incident: _____

Please note that anytime an animal escapes or dies at your facility you must report the incident to PACFA within 72 hours Please submit your report via our on-line form on our website or fax your form to 720-634-0934.



Facility Name

Facility Address

PACFA License Number

Facility Incident File (for Grooming & Boarding / Training Facilities)

Date Of Incident: _____

Name of Animal: _____ Age of Animal: _____

Breed: _____

Sex (Male, Female, Neutered): _____

Name of Owner: _____

Contact Information for Owner: _____

Phone Number of Receiving Party: _____

Description of Incident: _____

Injuries to Animal: _____

Treatment Obtained: _____

Veterinarian Contacted: _____

Date / Time Veterinarian Contacted: _____

Veterinarian's Phone Number: _____