

Inquiry Lab Info

First name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Birthday month: \_\_\_\_\_

Height in inches: \_\_\_\_\_

Live In town or Outside of town: IN      OUTSIDE

Do you own a pet? Yes      No

What type of pet? Cat      Dog      Horse      Other: \_\_\_\_\_

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