



**Owner's Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Cell: \_\_\_\_\_ Cell #2: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Cell: \_\_\_\_\_ Cell #2: \_\_\_\_\_ Work: \_\_\_\_\_

**Dog's Information:**

Dog's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Age acquired at: \_\_\_\_\_ Where did you get your dog: \_\_\_\_\_

Sex: Male  Female  Spayed/Neutered  Weight: \_\_\_\_\_ Color: \_\_\_\_\_

**Veterinary Information:**

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Has your dog had fleas or ticks in the last year? Yes  No

Any Medications: Yes  No

**Expiration Dates:** (Please provide proof of Vaccinations)

Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ Distemper (D/H/L/P) \_\_\_\_\_

Fecal Sample Last Tested: \_\_\_\_\_

