



OWNER'S INFORMATION

Owner Name _____ Date _____
Address _____ City _____ State _____ ZIP _____
Phone Number, Home _____ Cell _____
Email _____
How did you hear about us? _____
Alternate Contact _____ Telephone _____

DOG'S INFORMATION

Dog's Name _____ Birthday _____
Sex M F Spayed/Neutered? Y N
Breed(s) _____ Color/Markings _____ Weight _____
What is your current method of flea control? _____
Is your dog on monthly heartworm medication? Y N Brand _____
Has your dog been de-wormed in the past 6 months by your vet? Y N
Has your dog ever had kennel cough? Y N
Has your dog been ill in the last 30 days? Y N
If yes, explain _____
Does your dog have any medical conditions?

Is your dog on a continuous medication? Y N
If yes, please list medication name and dosage _____
Has your dog had surgery in the past year? Y N
If yes, explain _____
Does your dog have any allergies? Y N
If yes, please list and describe symptoms _____

