

Owner's First and Last Name: _____

Email: _____

Contact Information:

Phone: _____ (Home) _____ (Cell)

Is Texting okay? Yes No Social Media Photo Posting okay? Yes No

Mailing Address: _____ City, State, Zip _____

Emergency Contact Information: _____

Phone: _____ (Home) _____ (Cell)

Veterinary Contact Information: _____

Phone: _____

Address: _____ City, State, Zip _____

Pet Name(s): _____ Dog Weight (estimate): _____

Dog(s) Birthday: _____

Breed(s): _____ Color Marking: _____

Pet Gender (Circle One): Male --- Male (Neutered) --- Female --- Female (Spayed)

Vaccinations Required: DHLPP, Rabies, Bordetella (Kennel Cough)

Feeding Information:

Diet (Circle): Owner brought food (Free) House Food (\$2/Cup)

Times (Circle): Morning Evening

Instructions (Ex – 1 Cup AM/PM): _____ AM _____ PM

Allergies (Circle): Y N If yes, explain: _____

Disabilities (Circle): Y N If yes, explain: _____

Miscellaneous Information:

Fence Jumper (Circle): Yes No

Digger (Circle): Yes No Dog Aggressive (Circle): Yes No

Food Aggressive (Circle): Yes No Toy Aggressive (Circle): Yes No

Other, please explain: _____

