

Date \_\_\_\_\_



## APPLICATION

### OWNER INFORMATION (please print)

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Employer Address \_\_\_\_\_

Referred by:  Drive By  Yellow Pages  Advertisement  Web Site

Vet  Friend Name of Referral: \_\_\_\_\_

### EMERGENCY CONTACT (other than owner)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Others Authorized for Pickup \_\_\_\_\_

Date \_\_\_\_\_

## PET INFORMATION

DOG #1 Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_

Color \_\_\_\_\_ Date of Birth \_\_\_\_\_ Altered: \_ Y \_ N

DOG #2 Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_

Color \_\_\_\_\_ Date of Birth \_\_\_\_\_ Altered: \_ Y \_ N

## DATE OF VACCINATIONS (documentation from Vet is required)

DOG #1 Rabies \_\_\_\_\_ DHLPPC \_\_\_\_\_ Bordatella \_\_\_\_\_

DOG #2 Rabies \_\_\_\_\_ DHLPPC \_\_\_\_\_ Bordatella \_\_\_\_\_

## VETERINARY INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## HEALTH SUMMARY

Current medications and medical conditions \_\_\_\_\_

Is your dog on a flea control program? (if yes, which one?) \_\_\_\_\_

Does your dog have any allergies (including food allergies)? \_\_\_\_\_

Does your dog have any physical limitations? \_\_\_\_\_