



Customer Information

Approved Entrance
Vaccines
File Created

Parent Information

Name _____	Date _____		
Address _____	City _____	State _____	Zip _____
Home # _____	Cell # _____	Work # _____	
Email _____			

About Your Dog(s)

1) Dog's Name _____	Breed _____	Sex: _____	Male	Female
Date of Birth _____	Weight _____	Spayed/Neutered _____	Yes	No
Color or Markings _____				
2) Dog's Name _____	Breed _____	Sex: _____	Male	Female
Date of Birth _____	Weight _____	Spayed/Neutered _____	Yes	No
Color or Markings _____				

Your Veterinarian

Veterinarian Hospital & Dr. Name _____	
Phone # _____	City _____

Emergency Contacts/Other People Authorized for Pick-up

Name _____	Phone _____
Name _____	Phone _____