

# PET INFORMATION:

Client Name (Print): \_\_\_\_\_

Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

## **VACCINATIONS:**

*Vaccinations & flea and tick preventative must be current. We require a copy of the vaccination record for our files.*

1. DHLPPv (Last date given): \_\_\_\_\_
2. Bordetella (Last date given): \_\_\_\_\_
3. Rabies (Last date given): \_\_\_\_\_

## **MEDICAL & HEALTH:**

Please describe any medical or physical issues and Medications/Supplements, including dosage:  
(Allergies, Seizures, Anxiety, Hearing or Vision Loss, Arthritis, Recurring Injury, Recent Surgery, Dietary Restrictions, etc...)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **GENERAL INFORMATION:**

1. Housebroken? Yes No Incontinent Other \_\_\_\_\_
2. Spayed or Neutered? Yes No
3. Is your dog comfortable & calm in a crate or kennel? Yes No
4. Has your dog ever tried to dig under, jump or climb fences? Yes No
5. Is your dog up to date with a Flea & Tick Preventative? Yes No
  - o **Product Name:** \_\_\_\_\_
6. Is your dog up to date with a Dewormer? Yes No
7. Microchip # \_\_\_\_\_

CLIENT INITIALS \_\_\_\_\_ Date: \_\_\_\_\_