

Owner & Pet Information: Additional Dog

- **Primary Contact:** _____

Emergency & Veterinary Information

- **Secondary Contact:** _____ **Phone:** _____
- **Veterinarian:** _____
- **Dog's Name:** _____
- **Dog's birthdate or est. age** _____ If over the age of 14 a special addendum will be required
Dogs must be at least 4 months old.
- **Please provide proof of current vaccines; Rabies, DHLPP and Bordetella.**
- **At what age was your dog spayed/neutered?** _____
- **If female, has she ever had a litter?** _____
- **Have you owned your dog for at least four months?** _____ If not, where did you adopt them from?

- **Has your dog ever bitten a person or another animal?** _____
- **Has your dog ever had a seizure?** _____ **Last Occurrence?** _____

Known triggers? _____ **Medications?** _____

- **Other known medical conditions / medications?** _____

- **Behavioral Issues we should be aware of?** _____

- **Anything else you would like to share with us?** _____

Your Dog's Gonna Love it!