

Dog Information Sheet

▶ Please download PDF file directly to Acrobat Reader to access this interactive form. After filling in the form fields, email it by attaching it to an email and sending it to: houseofdoggs2@gmail.com

	OWNER'S NAME AND PHONE							
	ADDRESS							
	VET NAME AND PHONE EMERGENCY CONTACT PERSON AND PHONE							
	BREED 1				NAME			
	SEX	AGE	WEIGHT	FIXED	CHIP	FOOD	FOOD AMOUNT AM/PM	
	RABIES		DAP2PP			KENNEL COUGH		
	BREED 2				NAME			
	SEX	AGE	WEIGHT	FIXED	CHIP	FOOD	FOOD AMOUNT AM/PM	
	RABIES		DAP2PP			KENNEL COUGH		
	BREED 3				NAME			
	SEX	AGE	WEIGHT	FIXED	CHIP	FOOD	FOOD AMOUNT AM/PM	
	RABIES		DAP2PP		KENNEL COUGH			
	ATTITUDE WTH O		EVER REFUSED					
	SPECIAL NEEDS							
	SLEEPS		TREATS		POTTY HABITS			
	ALLOWED ON FUI	RNITURE?	DIG?	CHEW?	CLIMB?	RUN AWAY?	BITE?	
	DISCLAIMER: YOU WILL BE CHARGED FOR DAMAGES OVER \$25.00 PERMISSION TO SEEK VETERINARY CARE While I understand that Waggin' Tails makes every effort to ensure the safety of the animals left in its care, I acknowledge that health issues and accidents do occur. As the owner of , I consent to allow Waggin' Tails to obtain veterinary care or ER care if it is necessary. I understand that the expense incurred on behalf of my dog shall be reimbursed to Waggin' Tails when the animal is picked up.							
	Dated			Owner Signature**			*Please sign	