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S

LAST FIRST

HOME PHONE _____

CELL PHONE _____

WORK-MR. _____

WORK-MRS. _____

EMAIL _____

REFERRED BY _____

BREED _____ SIZE _____

NAME _____ M F NEUT

COLOR _____ BIRTHDATE _____

VET _____ PH: _____

VACCINATIONS _____

MEDICAL PROBLEMS _____

In event of an emergency, I authorize this establishment to provide necessary treatment for my pet at my expense.

SIGNATURE _____

CLIP _____ \$ _____

_____ \$ _____

_____ \$ _____

SPECIAL INSTRUCTIONS

B - Burn sensitive area

X - Moles, Warts

O - Old injury, Arthritis

SIZE CHART

HT. _____

WT. _____

NECK _____

BACK _____

CHEST _____

GIRTH _____

ALL THAT APPLY:

EASY

FAIR

DIFFICULT

BITER

CAGE SOILER

NOISY

SHY

CHECK ANALS

CHECK EARS

BURNS EASILY

BLIND

DEAF

DIABETIC

EPILEPTIC

