LAST FIRST

ADDRESS

PRIMARY PH

PRIMARY WORK PH

SECONDARY PH

SECONDARY WORK PH

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

✓ALL THAT APPLY:

- ❑ EASY
- ❑ FAIR
- ❑ DIFFICULT
- ❑ BITER
- ❑ CAGE SOILER
- ❑ NOISY
- ❑ SHY
- ❑ CHECK ANALS
- ❑ CHECK EARS
- ❑ BURNS EASILY
- ❑ BLIND
- ❑ DEAF
- ❑ DIABETIC
- ❑ EPILEPTIC

B – Burn Sensitive
X – Moles, Warts
O – Old Injury, Arth

SIZE CHART

HT.

WT.

NECK

BACK

CHEST

GIRTH

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