



# Owner Information

How did you hear about THE DOG PLACE INC.? \_\_\_\_\_

## GENERAL INFORMATION:

First name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name(s) of individuals authorized to pick up my dog:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## VETERINARY INFORMATION:

Primary Clinic: \_\_\_\_\_ Dr: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**DATE VERIFICATION REQUIRED FOR THE FOLLOWING** We require a copy of veterinary records showing your dog is current on all vaccinations for:

RABIES: \_\_\_\_\_ BORDATELLA: \_\_\_\_\_

DISTEMPER/PARVO(DHLPP): \_\_\_\_\_

HEARTWORM: \_\_\_\_\_ FLEA PREVENTION: \_\_\_\_\_

**All dogs boarding or daycare must be sprayed/neutered by 8 months of age**

**LIST ANY REGULAR MEDICATIONS YOUR DOG TAKES AND REASONS FOR TAKING:**

\_\_\_\_\_  
\_\_\_\_\_

**I ACKNOWLEDGE THAT ALL ABOVE INFORMATION IS CORRECT:**

Signature \_\_\_\_\_ Date \_\_\_\_\_