

Country Canine Basic Information Form

DOG INFORMATION

Name _____

Breed _____

Vaccination Date(s):

OKAY TO BATH? Yes / No

Male / Female Age _____ Neutered / Spayed

Current Vet & Phone Number _____

Medical information including past illness and injuries:

Medications and Frequency (if applicable):

Name of Diet, Frequency and Amount:

Character of your dog - i.e. prefers small groups, good with others, do not socialize, etc.,

OWNER INFORMATION

Name _____

Contact Numbers: Home _____ Cell _____

e-mail address _____

Emergency Contact Name _____

Emergency Contact Numbers: Home _____ Cell _____

Emergency Contact e-mail address _____