



Doggie Information Sheet

Dog's First Name: _____ Dog's Last Name: _____

Breed: _____ Markings: _____ Dog's B-day: ____ / ____ / ____

Vaccination History (* indicated required):

*Rabies	(Y / N)	Expiration Date	____ / ____ / ____
*Distemper of DHLPP	(Y / N)	Expiration Date	____ / ____ / ____
*Parvo (or no DHLPP)	(Y / N)	Expiration Date	____ / ____ / ____
Bordetella/Kennel cough	(Y / N)	Expiration Date	____ / ____ / ____
Lepto (if no DHLPP)	(Y / N)	Expiration Date	____ / ____ / ____
Corona	(Y / N)	Expiration Date	____ / ____ / ____
Lyme	(Y / N)	Expiration Date	____ / ____ / ____
Heartworm	(Y / N)	Expiration Date	____ / ____ / ____
Giardia	(Y / N)	Expiration Date	____ / ____ / ____
Fecal	(Y / N)	Expiration Date	____ / ____ / ____

Medical History:

Is your dog neutered or spayed? Yes No

Does your dog have any special medical conditions or allergies? Yes No

If Yes, please explain: _____

Behavioral, Training, and Temperament Information:

Has your dog had any formal training? Yes No

Please describe your dog's temperament: _____

Please describe any behavioral problems: _____

Do you have any special instructions for handling your dog? _____

Veterinary Information:

Hospital Name: _____ Doctor's Name: _____

Address: _____

Phone Number: () _____