



Fact Sheet

Dog Owner's Full Name:

Address:

Home Phone Number:

Work or Cell Phone Number:

Email Address:

Dog's Name:

Age:

Weight:

Breed:

Veterinary Clinic:

Address:

Phone Number:

Dog's Favorite Activity:

Current Medications:

Is your dog up to date on its vaccinations?

Does your dog have any allergies?

Has your dog had any obedience training?

If there is anything else we need to know about your dog, please list it on the back of this form.

