

CLIENT INFORMATION & RELEASE

YOUR INFORMATION:

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ State: ___ Zip: _____ Cell Phone: _____
Email: _____ Pager Number: _____

We will only release the dog to someone listed on this form. List others who may need to pick up your pet.

Name: _____ Phone: _____
Name: _____ Phone: _____

VET INFORMATION:

EMERGENCY CONTACT (other than vet):

Name: _____ Name: _____
Address: _____ Phone #'s: _____
City: _____ State: ___ _____
Phone: _____ _____

PET INFORMATION:

Name: _____ Breed: _____ Age: ___ Birthday: _____

Sex: ___ Color: _____ Spayed/Neutered? Yes ___ No ___

Medical History: _____

Medication, Feeding, Treats: _____

Special Instructions: _____

Emergency veterinarian care authorized (see Agreement): Yes ___ No ___

Client Signature: _____ Date: _____