

# DOG INFORMATION SHEET

## Responsible Parties

Primary Owner(s) of Dog: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Secondary Owner(s) of Dog: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Dog Information

Dog's Registered Name: \_\_\_\_\_

Call Name: \_\_\_\_\_

AKC #: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breeder: \_\_\_\_\_ Country Bred In: \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

AKC # of Points | Date: \_\_\_\_\_ | \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Regular Diet: \_\_\_\_\_

Number of Meals per Day: \_\_\_\_\_

Supplements: \_\_\_\_\_

Name of Primary Veterinarian: \_\_\_\_\_

Name of Primary Veterinarian Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Heartworm Preventative | Date last given: \_\_\_\_\_ | \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Permanent ID#: \_\_\_\_\_

Dates of most recent inoculations for:

Rabies: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Parvovirus: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parainfluenza-Bordetella: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Distemper: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies: \_\_\_\_\_

Unusual habits or preferences: \_\_\_\_\_

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