

CHASING TAILS LLC

Owners Information

Name: _____
Address: _____
City: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____
Email: _____

Dogs Information

Name: _____
Breed(s): _____
Birthday: _____
All Vaccinations Complete: Yes No
If no, please explain: _____
Rabies Vaccination: Yes No
Must have rabies vaccination unless puppy is younger than 5 months or medical exception.
Any Medical Conditions: Yes No
If yes, please explain: _____

May we take a picture of your dog(s) for our website? Yes No

Please list all other information you would like us to know about your dog.

Veterinarian Information

Name: _____
Address: _____
City: _____ Zip Code: _____
Phone: _____

Signature

Date