



Dog Information Form

Please fill out the following form with your dogs and your contact information.

Dog's Information

- **Dog's Name:** _____
- **Breed:** _____
- **Date of Birth-Approximately:** ____ / ____ / ____
- **Sex:** ☐ Male ☐ Female
- **Spayed/Desexed:** ☐ Yes ☐ No
If no, recommended date of desexing by vet: ____ / ____ / ____
- **Colour/Markings:** _____
- **Microchip Number (if applicable):** _____
- **Allergies or Sensitivities:** _____

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- **Medical Conditions or Medications:** _____

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- **Behaviour or Trauma History (grooming, rescue, vet, attack, aggression, resource guarding, etc):**

Owner's Information

- **Full Name:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Address:** _____



Emergency Contact

(Other than primary owner)

- **Name:** _____
- **Phone Number:** _____
- **Relationship to Owner:** _____

Veterinarian

- **Vet Name (if applicable):** _____
- **Business Name:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Address:**

Attach proof of vaccinations: