

# Tails R Waggin'



## Owner Information

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse: \_\_\_\_\_ Spouse's Phone Number: \_\_\_\_\_

Primary Care Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Pet Information

Pet's Name: \_\_\_\_\_ Neutered/Spayed? **YES NO** Weight: \_\_\_\_\_

DOB: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

What type of heartworm prevention is your pet on? \_\_\_\_\_

What type of flea/tick prevention is your pet on? \_\_\_\_\_

Please list anything your pet is allergic to: \_\_\_\_\_

Is your dog known to jump fences? **YES NO**

Has your dog ever growled or bitten a person or another dog? **YES NO**

If yes, please explain: \_\_\_\_\_

***Please be advised that your pet may be photographed and placed on one of our social media accounts. If you do not wish for your pet to be photographed, please let us know below.***

\_\_\_\_\_ Yes, I give permission for my dog to be photographed.

\_\_\_\_\_ No, I do not give permission for my dog to be photographed.

**I understand that by signing, all the above information is correct to the best of my knowledge.**

**X** \_\_\_\_\_ Date: \_\_\_\_\_