



## Doggie Information Sheet

Dog's First Name: \_\_\_\_\_ Dog's Last Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Markings: \_\_\_\_\_ Dog's B-day: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ***Vaccination History (\* indicated required):***

*Rabies	( Y / N )	Expiration Date	____ / ____ / ____
*Distemper of DHLPP	( Y / N )	Expiration Date	____ / ____ / ____
*Parvo (or no DHLPP)	( Y / N )	Expiration Date	____ / ____ / ____
Bordetella/Kennel cough	( Y / N )	Expiration Date	____ / ____ / ____
Lepto (if no DHLPP)	( Y / N )	Expiration Date	____ / ____ / ____
Corona	( Y / N )	Expiration Date	____ / ____ / ____
Lyme	( Y / N )	Expiration Date	____ / ____ / ____
Heartworm	( Y / N )	Expiration Date	____ / ____ / ____
Giardia	( Y / N )	Expiration Date	____ / ____ / ____
Fecal	( Y / N )	Expiration Date	____ / ____ / ____

### ***Medical History:***

Is your dog neutered or spayed? Yes    No

Does your dog have any special medical conditions or allergies? Yes    No

If Yes, please explain: \_\_\_\_\_

### ***Behavioral, Training, and Temperament Information:***

Has your dog had any formal training? Yes    No

Please describe your dog's temperament: \_\_\_\_\_

Please describe any behavioral problems: \_\_\_\_\_

Do you have any special instructions for handling your dog? \_\_\_\_\_

### ***Veterinary Information:***

Hospital Name: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

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

Phone Number: ( ) \_\_\_\_\_