



Health Information / Contact Information

Name of dog: _____ Breed: _____ Age: _____ Sex: M F
Colour: _____ Weight: _____ Date of Birth: _____
Owner's Name: _____ Phone #: _____
Address: _____
City: _____ Postal Code: _____
Cell #: _____ Business #: _____

Check one of the following:

Neutered male Spayed Female Under 8 months old
*all females over the age of 8 months must be spayed to participate in the daycare program
*unneutered males may be allowed to participate in daycare on a case by case basis

Method of flea control _____ *all dogs must be on a flea prevention program
We recommend treating your dog for fleas year round if they will be around other animals.

Date of vaccinations

DHLPP(DA2PP) _____ Rabies _____ Bordetella _____

*we require proof of these vaccinations. Required yearly.
Puppies must have a minimum of their second set of shots to participate in any of our programs.

Veterinarian Name/Clinic: _____

Phone #: _____ City: _____

*By submitting this form you authorize Paws for Love Inc. to obtain medical /vaccination records for your pet from the veterinarian listed above and you hereby authorize your veterinarian to release these records to Paws for Love Inc.

Emergency Contact (other than owner!)

Name: _____ Phone #: _____

Address: _____ Relationship to you: _____

Alternate Contact: _____ Phone #: _____

Is your dog on any type of medication? _____

Does your dog have any allergies? _____

Any other health / medical information we should know about? _____

Signature _____ Date _____