



# Canine Member Information

## Pet Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_  
Male Female Neutered Spayed

Age: \_\_\_\_\_  
Male Female Neutered Spayed

### Vet Information:

Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_

Vet: \_\_\_\_\_

Is your dog(s) on regular flea/tick preventions

Yes No

If so, what kind: \_\_\_\_\_

Is your dog on any medication? Yes

No

If so, what kind: \_\_\_\_\_

Dosage: \_\_\_\_\_

Is your dog on a special diet: Yes

No

If so, what kind: \_\_\_\_\_

Reason: \_\_\_\_\_

### Special Needs:

Is your dog a fence jumper? \_\_\_\_\_

Allergies? \_\_\_\_\_

Thunderstorm phobic? \_\_\_\_\_

Sensitive Stomach? \_\_\_\_\_

Any other relative special needs or personality traits we need to be aware of? \_\_\_\_\_

---

---

---

***Owner Information***

Name: \_\_\_\_\_ Home: \_\_\_\_\_

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

\_\_\_\_\_ email: \_\_\_\_\_

To receive updates and reminders do you prefer email, text, or both? \_\_\_\_\_

If text, please provide your cell phone provider: \_\_\_\_\_ Preferred email: \_\_\_\_\_

Credit Card (Visa or Mastercard) for emergency vet care \_\_\_\_\_

Exp Date: \_\_\_\_\_ CCV: \_\_\_\_\_

***How did you hear about us?***

Referred by? \_\_\_\_\_ Radio \_\_\_\_\_ Yellow Pages \_\_\_\_\_

Internet \_\_\_\_\_ Paper \_\_\_\_\_ Other \_\_\_\_\_

**Don't forget to go like our Facebook page so that you're always in the know!**

---

Pet Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_