

Day Care For Dogs

Information Form (for veterinary use)

Thank you for taking the time to complete the following form on our mutual client. Alternatively, we also accept copies of current vet records. Please fax all information to **(858) 481-8922**. You may also call the same number with any questions or concerns.

Name of Dog(s): _____

Name of Owner(s): _____

Name of Veterinary Hospital: _____

Address of Veterinary Hospital: _____

Telephone & Fax of Hospital: Ph () _____ Fax () _____

Doctor Preferred: _____

Name of Dog	_____
Altered?	YES NO
Skin problems?	YES NO _____ (treatment/prevention)
Rabies	_____ (date given)
DHLPPC	_____ (date given)
Bordatella	_____ (date given)

Name of Dog	_____
Altered?	YES NO
Skin problems?	YES NO _____ (treatment/prevention)
Rabies	_____ (date given)
DHLPPC	_____ (date given)
Bordatella	_____ (date given)

Signature of Veterinary Representative

Date

