



1822 Milan Rd Sandusky, Ohio 44870

Information Sheet

Owner Information

Name _____ Telephone _____

Secondary Phone _____ E-Mail _____

Address _____ City _____

State _____ Zip _____

Emergency Contact _____ Telephone _____

Veterinarian Information

Facility _____ Doctor _____

Telephone _____ Release Vaccine Information ___ Yes ___ No

****Please Provide Vet Records**** (Rabies/DA2PPAP/Lepto/Corona/Bordatella)

Dog Information

Name _____ Breed _____ DOB _____ Weight _____

Male or **Female** (Circle) **Neutered/Spayed** or **Intact** (Circle)

Is your dog social with other dogs? **Yes** or **No**

Is your dog social with people? **Yes** or **No**

Has your dog ever bit a person and/or dog? **Yes** or **No**

Does your dog have allergies? **Yes** or **No** (If yes, please specify _____)