

## **General Information**

Dog's Name:\_\_\_\_\_

Owner Information:	
	Call Dhone #:
Name:	
Address:	
City, State, & Zip:	
Email:	
Authorized for Pick-up: Name:	-
Name:	Relationship:
Medical Information:	
Veterinarian Info: Name:	Phone #:
Address:City:	
Dog's Age: Breed: Fur Color:	_
Dog's Sex: Male Female Neutered or Spayed: Yes Ne	
Any Food Allergies: Yes No If so, What:	
Any Medicine Allergies: Yes No If so, What:	
Any Medical Conditions:   Yes No If so, What:	
Vaccine Due Dates: (Rabies, Distemper, & Bordetella due per veterinarian's records and fecal exam due yearly)	
Rabies: Bordetella:	Fecal Exam:
What should we know about your dog?:	
Current (within 90 days) Veterinarian's records that show current immunizations and a negative fecal float Exam is required before any dog is allowed to stay at Jax Dog Drop. Bordetella (aka kennel cough) vaccination and a fecal float exam are required every 12 months. Protective Flea/Tick treatments required at all times.	
I, the under signed, am the legal owner of the above named dog and, to the best of my knowledge, everything I provided above is truthful and accurate. I understand that giving false information could lead to serious injuries and even death. Jax dog drop, Inc. is not liable for any of the dog's medical conditions or their worsening. I authorize the above named veterinarian to release all the dog's medical records to Jax Dog Drop and its staff.	
Owner's Signature:	Date:
Print Name:	
Owner's Signature:	Date:
Print Name:	