

Owner(s) Information: (Please print clearly)

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____
E-MAIL: _____

Pet Information:

1. NAME: _____
BREED: _____
COLOR: _____
Age: _____ WEIGHT: _____

MALE / FEMALE

PLUCK EAR HAIR(circle) YES / NO **EXPRESS ANAL GLANDS(circle) YES / NO**

Health Concerns/Special Needs/Allergies:

2. NAME: _____
BREED: _____
COLOR: _____
Age: _____ WEIGHT: _____

MALE / FEMALE

PLUCK EAR HAIR(circle) YES / NO **EXPRESS ANAL GLANDS(circle) YES / NO**

Health Concerns/Special Needs/Allergies:

3. NAME: _____
BREED: _____
COLOR: _____
Age: _____ WEIGHT: _____

MALE / FEMALE

PLUCK EAR HAIR(circle) YES / NO **EXPRESS ANAL GLANDS(circle) YES / NO**

Health Concerns/Special Needs/Allergies: _____