Contact

Owner:
Name:
Phone:

Emergency Contact (1)
Name:
Phone:

Emergency Contact (2)
Name:
Phone:

Medical Information

Primary Vet:
Phone:
Address:

Emergency Vet:
Phone:
Address:

Medications/Dosage:

Medical Conditions/Allergies:

Pet Information

Name: **DOB:** **Microchip#:**
Breed: **Sex:** **Neutered:** ☐ **Weight:**
Coat Color/Markings: **Fur Length:** **Eye Color:**
Distinguishing markings:

Additional Information

Poison Control Hotline: (888) 426-4435 **consultation fees will apply*

THE THINKING K9 BEHAVIOR TRAINING