



## ENROLLMENT FORM

**Vaccines**  
**Temperament**  
**Paperwork completed**

### **PARENT INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Back up# \_\_\_\_\_

Email \_\_\_\_\_

### **ABOUT YOUR DOG(S)**

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Date of birth \_\_\_\_\_ Weight \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Color or Markings \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Date of birth \_\_\_\_\_ Weight \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_

Color or Markings \_\_\_\_\_

### **VETERINARIAN INFORMATION**

Veterinarian Hospital \_\_\_\_\_

Doctors Name \_\_\_\_\_

Phone# \_\_\_\_\_ City \_\_\_\_\_

### **EMERGENCY CONTACTS/OTHER PEOPLE AUTHORIZED FOR PICK UP**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_