



209 E McLeroy Blvd suite A
Saginaw, TX 76179
682-708-7400

Owner Information			
First Name:		Last Name:	
Street Address:			
City:		State:	Zip Code:
Mobile Phone:		Home Phone:	Work Phone:
Email Address:			
Secondary Owner Name:		Phone:	Email:
How did you hear about us? <input type="checkbox"/> Google/Internet <input type="checkbox"/> Facebook <input type="checkbox"/> Other: _____ <input type="checkbox"/> Friend (provide their name and they'll receive \$10 off!):			
Emergency Contact (someone we can release the dog to in the event you cannot pick up your pet)			
Name:		Phone:	Email:
Veterinarian Information			
Business Name:		Veterinarian Name:	Phone Number:

Pet Information			
Pet Name:		Type: <input type="checkbox"/> Dog	Breed:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight:
Birth Date:		Color/Markings:	

Health & Grooming History (leave blank if Unknown – use Other Information section to explain health conditions if Yes)								
	Yes (explain below)	No		Yes (explain below)	No		Yes (explain below)	No
Blind:			Deaf:			Heart Condition:		
Diabetic:			Epileptic:			Musculoskeletal Issues:		
Allergies:			Sensitive Skin:			Warts/Moles/Skin Tags:		
Biter:			Shy/Nervous:			Comfortable in a Crate:		
Barker:			Hyper:			Aggressive: <input type="checkbox"/> Cages <input type="checkbox"/> People <input type="checkbox"/> Other: _____ <input type="checkbox"/> Animals		

Sensitive Areas: _____
 Professionally groomed before? (circle one) YES NO
 Scared of hair dryer? (circle one) YES NO
 May we give your dog treats? (circle one) YES NO

Other Information (use this space to explain health/behavior conditions)