Flying Fur! Dog Enrollment Information

**Owner Information**

|  |  |
| --- | --- |
| Owner’s Name: |  |
| Street Address: |  |
|  |  |
| Town, State, Zip: |  |
| Email Address: |  |
| Phone Number: | Cell #: |
|  | Home #: |
|  | Work #: |

|  |  |
| --- | --- |
| Additional Owner: |  |
| Email Address: |  |
| Phone Number: |  |

**Emergency Contact** (if you cannot be reached)

|  |  |
| --- | --- |
| Name: |  |
| Email Address: |  |
| Phone Number: |  |

**Others Authorized to Pick-Up My Dog** (other than you, the additional owner or emergency contact, we will not release a dog to anyone that is not listed or given approval at drop-off)

|  |  |
| --- | --- |
| Name: |  |
| Email Address: |  |
| Phone Number: |  |

**Veterinarian** (Please note: In case of emergency, dogs will be transported and treated at the Virginia-Maryland College of Veterinary Medicine.)

|  |  |
| --- | --- |
| Clinic Name: |  |
| Phone Number: |  |
| Flea & Tick Preventative Used: |  |

**Dog Information**

|  |  |
| --- | --- |
| Dog’s Name: |  |
| Breed: |  |
| Gender: |  |
| Spayed / Neutered?(If not, please give reason) |  |
| Birthdate(Or approximation if unknown) |  |
| Where did you get your dog? (i.e. Breeder, Shelter, Rescue, etc.) |  |
| If adopted, do you know the dog’s history? Please explain: |  |

Does your dog have…

|  |  |
| --- | --- |
| Allergies: |  |
| Previous Injuries: |  |
| Disabilities: |  |
| Other Special Needs: |  |

How often does your dog interact with other dogs? (i.e other dogs in household, dog park, play dates, group training classes, etc.)

Has your dog ever jumped or dug under a fence?

Has your dog ever bitten a person or another dog? If so, please explain the circumstances.

What training have you done with your dog?

Is there any other information about your dog that we should know about that may be relevant to his/her time with us?