

INFORMATION SHEET

**Date Form Completed**

**DOG NAME**

Information in this box to be filled out by Stillwater Kennels LLC

🞏 Shot Record Received

🞏 Heartworm Medicine Due Date of Month (i.e. 19th)

🞏 Flea/Tick/Dewormer Due Date of Month

Owner’s Name

Owner’s Address

Home Phone Cell Phone

 🞏 Yes, I can receive text messages

Email Address:

Emergency Contact: (Name)

 (Address)

 (Phone)

**Health Information**

Veterinarian:

 (Address)

 (Phone)

**Page 2 - (Dog Name’s)**

Shot’s Completed: (Date)

Health Problems:

**Food**

Type of Food: How Many Times a Day:

**Medication, Allergies, Special Instructions**

Please list all medications, allergies and special instructions in the following:

We will give you permission to authorize emergency medical care for our pet(s) as deemed necessary by a veterinarian, and understand that we will be responsible for full payment and care of our pet(s).

🞏 Yes 🞏 No

Signature -Owner