6460 N. Milwaukee
Chicago, IL 60631

773.775.1040
773.775.3422 (fax)

Thedoghouselcl.com
mail@thedoghouselcl.com

Date:_____

General Information

Owner's Name(s)_____

Address_____ **City**_____ **Zip**_____

Phone _____ **Cell 1**_____ **Cell 2** _____

Call first *Phone* *Cell 1* *Cell 2*

E-mail

E-mail is only used for company newsletters, reminders, notes, etc.

How did you hear about us?_____

Pet Information

Pet's Name_____ **Breed**_____

Age/B-day_____ **Color/Markings**_____

Est. Weight _____ **Gender** *Female* *Male* **Neutered/Spayed** *Yes* *No* **Microchip** *Yes* *No*

Does/has your pet have/had any of the following (circle and explain all that apply)

Allergies *Yes* *No* If yes explain_____

Arthritis Yes No If yes explain_____

Behavior Problems *Yes* *No* If yes explain_____

Seizures *Yes* *No* If yes explain_____

Physical limitations *Yes* *No* If yes explain_____

Other concerns _____

_____

Is your dog currently on a flea preventative *Yes* *No*

Is your dog on Medication *Yes* *No*

If yes please answer the following:

Medication Name_____

Reason for giving Medication_____

How much and how often to you give the medication:_____

Emergency Contact Information: *Check here for your cell phone*

Emergency Contact Name_____ Phone Number_____

Veterinarian Hospital's Name _____

Daycare & Boarding Dogs Only *Chicago residents only*

City of Chicago Dog license #_____