



3400 Cleveland Ave NW
Canton, Ohio 44709
330-491-3647

Owner Information

Owner Information

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Dog Information

Name _____ DOB _____ Sex M F

Breed _____ Color _____ Weight _____

Pet Insurance Y N Company _____ Policy Number _____

Name of Veterinarian _____ Phone Number _____

Current Vaccinations Rabies DHPP/DHLPP Bordetella

Is your dog on any medication? Y N If yes, please list _____

Does your dog have any physical/medical conditions? Y N If yes, please explain _____

May we contact your veterinarian for further information? Y N

What are your expectations for your visits? _____

Please provide a photocopy of current vaccine record at first appointment.

May we use you and/or your dog's photograph in publications? Y N

Signature _____ Date _____