

ASHCROFT KENNELS CLIENT/PET INFORMATION

Owner's Name: _____ Home Phone: _____

Address: _____

City, State, Zip _____ Email _____

Work Phone: _____ Cell Phone: _____ Spouse's Cell: _____

Emergency Contact Name: _____

Phone: _____ Vet: _____

Pet Name	Breed	Color	Birthdate	Male	Neutred	Female	Spayed

Has your pet ever bitten anyone? _____ If yes, why? _____

Does your dog climb/jump fences, or is an escape artist to your knowledge?

Type of food provided at home: _____

Does your pet have any medical or health problems? If yes, please explain:

Anything else we should know about your dog(s)? _____

Does your dog play/socialize well with other dogs? _____
