



Arrival Date:	
Departure Date:	
Pick-up Time: <i>approximately</i>	

Owner's Name: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Phone number where you can be reached: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Dog 1

Name: _____ Color: _____

Breed: _____ Age: _____ years

Male Female Neutered/Spayed

***Please obtain a copy of your pet's vaccination status from your veterinarian to bring when you drop off your pet.*

Date of your pet's last vaccinations, (MM/DDYY):

DHLP-P _____

Rabies _____

Bordatella (Kennel Cough) _____

Special Needs: _____

Dog 2

Name: _____ Color: _____

Breed: _____ Age: _____ years

Male

Female

Neutered/Spayed

****Please obtain a copy of your pet's vaccination status from your veterinarian to bring when you drop off your pet.**

Date of your pet's last vaccinations, (MM/DDYY):

DHLP-P _____

Rabies _____

Bordatella (Kennel Cough) _____

Special Needs: _____

Dog 3

Name: _____ **Color:** _____

Breed: _____ **Age:** _____ years

Male

Female

Neutered/Spayed

****Please obtain a copy of your pet's vaccination status from your veterinarian to bring when you drop off your pet.**

Date of your pet's last vaccinations, (MM/DDYY):

DHLP-P _____

Rabies _____

Bordatella (Kennel Cough) _____

Special Needs: _____

Your Veterinarian:

City: _____ **Phone:** _____

How did you hear about us? _____