

Pet Medical Information and Feeding Instructions

Medical Information:

Veterinarian: _____

Phone: _____

Address: _____

Vaccine Expiration Dates

Rabies ___/___/_____

DHPP ___/___/_____

Bordetella ___/___/_____

Negative Fecal Test Performed on ___/___/_____

Leptospirosis-----/-----/-----

Influenza-----/-----/-----

Attach vaccination certificate from your veterinarian

Current Medical Conditions/Allergies:

Feeding:

My dog is allowed to have the treats provided by Tamed Tails House: YES / NO / NOT SURE

My pet is food aggressive and should be fed separately: YES / NO / NOT SURE

Owner Signature _____ **Date** ___/___/___

Admitting Staff Member Signature _____ **Date** ___/___/___