

Bear Brook Kennel

Client Information

Client # _____

Owner

Please Fill Out Completely

Name(s) _____

Address _____

City/Town _____ State _____ Zip Code _____

Cell Phone _____ Home/Other _____

Email: _____

Pets

1. Name: _____ M F Spayed/Neutered Yes ___ No ___
Breed _____ Age ___ Color _____ Weight (lbs.) _____
Medical/Allergy/Behavior Notes _____

2. Name: _____ M F Spayed/Neutered Yes ___ No ___
Breed _____ Age ___ Color _____ Weight (lbs.) _____
Medical/Allergy/Behavior Notes _____

3. Name: _____ M F Spayed/Neutered Yes ___ No ___
Breed _____ Age ___ Color _____ Weight (lbs.) _____
Medical/Allergy/Behavior Notes _____

Veterinary Hospital/Clinic

Name of Clinic _____ Phone # _____

Veterinarian's Name _____

Do we have permission to use Brewer Veterinary Clinic if needed? Please circle one: **YES** **NO**

We will make every attempt to contact you before we proceed.

If we may not use Brewer Veterinary Clinic please write specific instructions for your pet(s) emergency needs:

Date _____ Signature _____