

**Getting to know your dog/s: Please attach a copy of your dogs current vaccination records.**

**Name** \_\_\_\_\_ **Breed** \_\_\_\_\_ **Age** \_\_\_\_\_

M  F neutered or spayed  Y  N

**Medical Problems** \_\_\_\_\_

**Lumpy Bumpy's** \_\_\_\_\_

**Behavioral issues:**  
**(ie.bites,growls,etc.)** \_\_\_\_\_

**What were the circumstances** \_\_\_\_\_

**In event of emergency, I authorize The Chatty K9 to provide necessary treatment to my pet at my expense,**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**CK9 copy**

