Eastern Dawn Kennels

Client Information

Dogs Name	Breed	Sex / Neutered/	Spayed Age	
#1.	#1.	#1.	#1.	
#2.	#2.	#2.	#2.	
Owners Name:		<u> </u>	_	
Home Phone #:				
Cell Phone #:				
Contact # while away if diff	ferent:			
Secondary Contact:		Frank Address		
Mailing Address		Email Address		
		I give permission for Easte my pet on their website/int	rn Dawn Kennels to post pics of ernet YES NO	
Veterinary		Has your dog ever shown aggression towards		
Name		People YES NO		
Phone #		Other dogs YES		
		Escape risk YES If YES please explain:	NO	
Is your dog up-to-date on:	Please provide		Office Use Only	
 Vaccinations YE 	S NO		Date:	
 Kennel Cough YE 			Vaccinated On:	
O Refine Oodgii i L	.0 110		• accinated on	
	S NO		Checked By:	
	S NO			
o Flea Meds YE	S NO	ic Illnesses / Concerns	Checked By:	
Flea Meds YEAllergies	S NO	ic Illnesses / Concerns	Checked By: Current Medications	
Flea Meds YEAllergies	S NO	ic Illnesses / Concerns	Checked By: Current Medications	
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Allergies Medical Allergies: Feeding:	Chron Descripti	ic Illnesses / Concerns	Current Medications Description:	
O Flea Meds YE Allergies Medical Allergies:	Chron Descripti	ic Illnesses / Concerns	Current Medications Description:	
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