



ADAMAS Canine Pro, LLC

Dog Information Form

Dog Registration Information

Note- If a copy of the dog's AKC Registration Certificate is attached with this form, only enter the registration number and call name for the dog.

Breed: _____ Variety: _____ Sex: _____

Registered Name: _____

Call Name: _____ AKC/Other Registry Number: _____

Date of Birth: _____ Country of Origin: _____

Tattoo or Microchip Number: _____

Breeder(s): _____

Owner(s): _____

Dog Health Information

Regular Diet: _____

Unique Dietary Needs or Cautions: _____

Feeding Guidelines: _____

Chronic Illnesses: _____

Allergic Reactions: _____

Medication Intolerances: _____

Other Health Issues: _____

Name/Address/Phone of Dog's Veterinarian: _____

Vaccines:

Rabies	Given- _____	Due Again- _____
Parvo/Distemper	Given- _____	Due Again- _____
Bordetella	Given- _____	Due Again- _____
Canine Influenza	Given _____	Due Again- _____
Flea/Tick Control	Brand- _____	Due Again- _____
Heartworm Prevention	Brand- _____	Due Again- _____

Emergency Contact to make medical decisions in your absence: Elizabeth Barrett, (770) 827-1121

Dog Information Form continued

Dog Behavior Information

Unusual Habits (such as climbing, digging, shredding/eating of bedding, eating rocks):

Describe Fully Previous Displays of Aggression of ANY TYPE, including aggression towards other animals or people, whether provoked or unprovoked:

Ownership Information:

Name of Owner(s) of Dog: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact Name and Number: _____

Name of Co-Owner(s) of Dog: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact Name and Number: _____

Name of Co-Owner(s) of Dog: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact Name and Number: _____

Other Notes You Wish To Make Me Aware Of: