



# PET INFORMATION FORM

Questions? Please give us a call  
P: **847.272.8150**  
F: **847.272.8130 Fax**

Please fill out the following information and return to Doggie Do-Rite Daycare

## Pet Information

Pet Name: \_\_\_\_\_

Sex:  Male  Female Approx. Weight: \_\_\_\_\_

Birthday: Month \_\_\_\_\_ /Date \_\_\_\_\_ /Year \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Spayed or Neutered Date (required): \_\_\_\_\_

Where did you get your dog from? \_\_\_\_\_

If you rescued your dog please describe any known history: \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_

## Where to find parents

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

What phone number is best to reach you during the day?  Home  Work  Cell  Other

Place of business? \_\_\_\_\_

E-mail: \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_



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**In an Emergency**

Your Veterinarian\*\*:  
\_\_\_\_\_  
Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Who is authorized to pick up your dog from daycare?  
\_\_\_\_\_

Emergency contact if you are not unavailable:  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*In the event that your dog becomes ill we will attempt to contact you. If you are unavailable, we will attempt to contact your Emergency Contact that you have supplied.*

\*\* In an emergency your dog(s) will be taken to Northbrook Animal Clinic (847) 291-2261 or Vet Specialty Center (847) 459-7535. You will be notified immediately.

Dogs must be in good health. Dogs are required to be on a flea and heart worm program.

Heart Worm Program: \_\_\_\_\_

Flea Prevention Program: \_\_\_\_\_

***Dogs nails must be kept at a reasonable length so that others don't get scratched.***

**To be filled out by Doggie Do-Rite:** (Copy from Veterinarian Required)

Vaccination dates:  
\_\_\_\_\_

Rabies: \_\_\_\_\_

Distemper: \_\_\_\_\_

Bordetella: \_\_\_\_\_

Rabies License #: \_\_\_\_\_

