

human information

name _____

street address _____

telephone numbers

home (_____) _____

work (_____) _____

cell (_____) _____

email address _____

emergency contact

name _____

telephone (_____) _____

notes _____

veterinarian information

name _____

address _____

telephone (_____) _____

notes _____

hound information

name _____

breed _____

birthday _____

weight _____

gender F / M

spayed / neutered Y / N

has your hound ever bitten another hound or human? Y / N

if yes, please explain:

medical conditions / special instructions / concerns

hound around requires proof of vaccinations for rabies, distemper, parvo and bordetella from your veterinarian.