

# Canine Kennels Of Clarence

## Enrollment Application

### **Owner Information**

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

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

Email: \_\_\_\_\_

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

### **Pet Information**

Pet Name(s): \_\_\_\_\_

Breed(s): \_\_\_\_\_ Weight: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone: \_\_\_\_\_

### **Medical Information**

Does your pet have any medical problems? \_\_\_\_\_

If yes , what? \_\_\_\_\_

### **Behavior**

Is your dog good with other animals? \_\_\_\_\_

If no explain : \_\_\_\_\_

Is there anything your pet automatically fears? \_\_\_\_\_  
if yes what? \_\_\_\_\_

**Emergency Contact info**

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

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

Alternate phone/contact: \_\_\_\_\_