

ALL DOGS MUST BE WEIGHT UPON ARRIVAL

North Penn Animal Hospital

Inter-State Shetland Sheepdog Club

Date: 10/06/2019

DOGS UP TO 50# ONLY - NO EXCEPTIONS

Client Name:

Address:

City

State

Zip

Home Phone:

Cell Phone:

Patient Name:

Breed:

DOB: _____/_____/_____

Sex:

Color:

Weight:

OFA: Registration Name:

OFA Hips

OFA Elbow

OFA Hips & Elbow

Patella Cert.

Eye Cert.

Heart Cert.

HW/L/E/A

Microchip

Rabies 1yr 3yr

Other

Medications currently taking:

Allergies:

Patient Name:

Breed:

DOB: _____/_____/_____

Sex:

Color:

Weight:

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THIS FORM MUST BE RETURNED TO THE FRONT DESK BEFORE LEAVING.