



Dog Information

Dog Name: Breed:

Color: Sex: Age:

Spayed/Neutered: Yes or No

Microchip: Yes or No

If Yes, please list the number:

Is your dog on a Special Diet: Yes or No

If Yes, please list food and feeding instructions:

Medical Problems/Medications: Yes or No

If Yes, please describe below:

Veterinarian: Phone:

Comments: Please include any behaviors that your dog may have such as escape artist, digging, jumping fences, aggression to humans or other animals, chewing, fear of thunderstorms/gunshots/fireworks, etc.

Owner Information

Name: Date:

Address:

Phone: Alternative Phone:

Email Address:

Emergency Contact:

How did you hear about us?

*** Please have all items that are brought at drop-off clearly labeled! ***

***Y-Farms is not responsible for any leashes, collars, or bowls left at our facility. ***