

# Happy Hounds Dog Day Care, L.L.C.

Enrollment Form 3

## Medical Information

Veterinarian's Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

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

Zip: \_\_\_\_\_

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

### Dog Owner Information

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

### Dog Information:

Dog's Name: \_\_\_\_\_ Dog's Sex: M F

Weight: \_\_\_\_\_ Spayed/Neutered? Yes / No

### Dates:

Last Physical Exam \_\_\_\_\_

DHLPPC (or equivalent) \_\_\_\_\_

Rabies Vacc \_\_\_\_\_ 1 yr or 3 yr \_\_\_\_\_

Bordatella \_\_\_\_\_

Heartworm Test \_\_\_\_\_

Heartworm Prevention \_\_\_\_\_

Last Purchase Date \_\_\_\_\_

Flea Prevention \_\_\_\_\_

Last Purchase Date \_\_\_\_\_

Allergies? \_\_\_\_\_

*The above medical information is true to the best of my knowledge.*

\_\_\_\_\_  
Veterinarian's Signature

\_\_\_\_\_  
Date

**Attn: Veterinarian's Office**

Please FAX form back to  
Happy Hounds at 734-459-  
3647 unless owner is mailing it  
to us. Thank you!..

**In the event of an emergency Happy Hounds Dog Day Care has permission to transport this dog to the above vet (or the closest reliable vet) if necessary.**

Payment arrangements are to be made between owner and veterinarian in advance.

\_\_\_\_\_  
Dog Owner's Signature