



**Charlie's Doghouse, Inc.**  
**140 W. Terra Cotta Ave.**  
**Crystal Lake, IL 60014**

**815-450-9950**

### DOG INFORMATION

**DOG #1** Name: \_\_\_\_\_ Gender: (circle) M F  
Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_  
Weight: \_\_\_\_\_ Birthday/Adoption Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Spayed/Neutered? (circle) Y N If no, surgery is scheduled for: \_\_\_\_\_  
Please list any pre-existing physical or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My dog is on medication: (circle) Y N  
If yes: NAME of medicine: \_\_\_\_\_  
DOSAGE: \_\_\_\_\_  
REASON: \_\_\_\_\_

**DOG #2** Name: \_\_\_\_\_ Gender: (circle) M F  
Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_  
Weight: \_\_\_\_\_ Birthday/Adoption Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Spayed/Neutered? (circle) Y N If no, surgery is scheduled for: \_\_\_\_\_  
Please list any pre-existing physical or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My dog is on medication: (circle) Y N  
If yes: NAME of medicine: \_\_\_\_\_  
DOSAGE: \_\_\_\_\_  
REASON: \_\_\_\_\_

### Veterinary Information:

Clinic: \_\_\_\_\_  
Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### Vaccinations: Enter date of last inoculation

Rabies \_\_\_\_\_  
Distemper \_\_\_\_\_  
Bordatella \_\_\_\_\_