



MEDICAL INFORMATION

Vets Name: _____

Vets Address: _____

Vets Phone: _____

VACCINATIONS

Rabies: _____

DHLLP: _____

Fecal Sample: _____

Heartworm Test: _____

Bordatella: _____

Heartworm Prevention: _____

Flea Prevention: _____

Allergies (if applicable): _____

****PLEASE READ AND SIGN BELOW****

In the event of an emergency PAMPERED PETS has the permission to transport _____ to the nearest animal emergency clinic open at the time of the emergency. All costs for the veterinarian visit are to be paid by owner of the animal needing care. PAMPERED PETS must have a copy of veterinarian records on file. PAMPERED PETS reserves the right to contact your veterinarian at any time with questions or concerns regarding your dog or veterinarian information.

Initials: _____

Owner Signature: _____ Date: _____

