



Owner / Pet Information

Owners Full Name:	Email:
Phone Number/s:	or
Street Address:	Suburb: 7_____
Dog Name:	Sex: M / F Desexed: Y / N
Breed:	Age: _____ D.O.B (if known): _____
Does your dog have good social traits with other dogs? Y / N If No give Details:	
Any Allergies?	
Vaccination Expiration Dates (Proof Required) Office use: DHP or C5 : _____ Canine Cough (KC): _____	
Name of Vet Clinic:	

Emergency contact / other persons allowed to collect dog
(Must be entered in case of emergency)

Name:	Phone:
Name:	Phone:

How did you hear about Club Canine? _____

Anything else we need to know?