

**Client Release
Charm City Dogs**

Your Information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (H) _____ (W) _____
Pager: _____ Cell: _____
E-mail address: _____

Vet Information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Emergency Contact (other than vet):

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (H) _____ (W) _____
Pager: _____ Cell: _____

Dog's name, breed and age (please include their birthday):

Does your dog have any significant medical history? Yes ___ No ___

Is your dog currently taking any medication? Yes ___ No ___

Has your dog been in day care before? Yes ___ No ___

Has your dog been socialized with other dogs? Yes ___ No ___

Does your dog have any leash aggression? Yes ___ No ___

Is your dog allowed to have biscuits? Yes: _____ No: _____

Does your dog have any allergies? Yes ___ No ___

If yes please list them: _____

How did you hear about Charm City Dogs? _____

As owner of the above said pet(s), I hereby give consent for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my pet.

Signature: _____ **Date:** _____