

**INTAKE FORM** 

## **OWNER INFORMATION:**

Name/s:			
			Email:
Phone #2:			Email:
Emergency	Contact Name a	nd Phone #:	
How did you	u hear about us?		
YOUR DO	g/s Informat	TION:	
Dog 1 :			Breed:
Weight:	Color:	Age:	🔿 Male 🔿 Female 🔿 Spayed / Neutered
Dog 2:			Breed:
Weight:	Color:	Age:	🔿 Male 🔿 Female 🔿 Spayed / Neutered
Dog 3:			Breed:
Weight:	Color:	Age:	O Male O Female O Spayed / Neutered

Method of flea control and heartworm prevention:
Is your dog housebroken? $\bigcirc$ Yes $\bigcirc$ No
Does your dog go to the dog park? $\bigcirc$ Yes $\bigcirc$ No
Has your dog ever bitten a person or another animal? $\bigcirc$ Yes $\bigcirc$ No
If yes, please explain:
Has your dog ever exhibited aggressive behavior towards people or other animals?
If yes, please explain:
Has your dog ever been bitten or attacked by another dog? $\bigcirc$ Yes $\bigcirc$ No
If yes, please explain:
Has your dog ever escaped a fenced enclosure? $\bigcirc$ Yes $\bigcirc$ No
If yes, please explain:
Does your dog board well? $\bigcirc$ Yes $\bigcirc$ No $\bigcirc$ It is the first time
If no, please explain:
Does your dog currently take any O Yes O No medicine? If Yes please share
Rescued from a facility/shelter? Y/N

Adopted from breeder? Y/N

## **Health Records**

The Owner agrees to provide a printout or letter from the veterinarian showing the dog's medical records for the past year. This information can be emailed to **frontdesk@briggsrepublic.com** by Vet Team. This document must show the dates of the following:

- Rabies Vaccination
- Bordetella Vaccination (every six months)
- DHLPP Vaccination Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza
- Canine Influenza
- Annual Negative Heartworm (proof of current flea/tick/heartworm prevention also required)
- Negative fecal test in last 12 months (GIARDIA, OVA, and PARASITES)

If exceptions for certain vaccines are requested, they must be requested with note from licensed Veterinarian approving the exception with explanation for your dog. All requests must be submitted to manager and approved by owner prior to drop off. Briggs Republic must meet licensing requirements by the Illinois State Department of Agriculture at all times.

**BRIGGS REPUBLIC** 

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217-433-5165