



Veterinary Care Release Form

By completing this Veterinary Care Release, you do hereby assert that you are the legal owner, and agree to allow Clancy's Dream Inc. and its agents to care for and transport your pet and to arrange for veterinary services which may include any or all of the following: Surgical spay/neuter, heartworm testing, fecal testing, microchipping, any necessary vaccinations or other emergency or nonemergency treatment as determined by a licensed veterinarian. You release any and all liability for said care from Clancy's Dream Inc., any of its agents or the licensed veterinarian/clinic.

Initial here _____

Owner's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Name of Dog : _____ MALE: _____ FEMALE: _____

Breed/Mix if known): _____ Color/Markings _____

Age (estimated) : _____ Date of birth if known _____

Spayed/Neutered? _____ Date if known of S/N _____

Veterinary History w/ dates if known. **If available, please attach a photocopy of vet/immunization records**

Veterinarian's Name: _____

Address: _____

Phone: _____ Email: _____

Immunization your dog has received DHLPP _____ Bordatella (Kennel Cough) _____ Rabies _____

Has had flea/tick prevention _____ Has had heartworm prevention _____

Physical Limitations or Restrictions (sore back, hip, leg, etc.) _____

Are you the original owner of this pet? _____ How long have you had him/her? _____

Describe any current or past Medical Conditions, Allergies, Medications, Injuries or Health-related problems: _____

Has your pet ever bitten anyone, any animal, or shown aggressive behavior at any time? Be specific: _____

Brand of pet food: _____ Feeding schedule: _____

Describe how your pet spends most of his/her time: (Outside, inside, alone, with someone, etc.): _____

Where does your pet sleep? _____

How does he/she get along with other animals? (Dogs, cats, livestock, birds, etc): _____

How does he/she get along with children? (Infants, toddlers, school age): _____

Is your pet frightened of anything? (Thunder, vacuum, fireworks, etc) _____

Is this dog house trained/potty trained: _____

Is your pet used to: Walking on leash ____ Riding in a car ____ Being alone ____ Being Crated ____

Any type of training? _____ Know any tricks? _____

Favorite toys/games _____

Additional Comments: _____

I certify this information to be accurate to the best of my knowledge. I release my pet to Clancy's Dream Inc. for Veterinary care.

Signature of owner _____ Date _____

Printed Name of Owner/Owners _____

Driver's License Number _____ Date of Birth _____

Signature of Clancy's Dream Inc. Representative _____ Date _____

Signature of Clancy's Dream Inc. Representative _____ Date _____