

Intake Form - Owner Turn In

Date: Breed:
Dog's Name:
Owner's Name:
Phone:
Address:
City/State: Zip:
Breeder:
AKC#: Sex: MALE FEMALE
Altered: YES NO Housebroken: YES NO
Good With Cats: YES NO Good With Dogs: YES NO
Barker: YES NO
Good With Children: YES NO
Ages:
Digs: YES NO Dog Aggressive: YES NO
Shot Record:

Reason For Release:

Other Comments:

Costs:

Disposition Of Dog: