

DOGTORS APPLICATION FORM

LAST _____ FIRST _____ M.I. _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE _____ OTHER PHONE _____

E-MAIL _____ AGE _____ D.O.B. _____

PET'S NAME _____ M ___ F ___ AGE _____

BREED/SPECIES _____ Weight _____

Is this your pet? _____ How long have you had your pet? _____

(If this is NOT your own personal pet OR there is information different than above, please answer the question below provide owner information on back)

If above was answered NO, How long have you known or worked with this animal? _____

Has this pet ever displayed any aggressive behavior? _____ (If YES, please describe on the back)

Are you covered by homeowner's, renter's or umbrella liability Insurance? _____

Who is your primary Veterinarian? _____

Who should we contact in case of an emergency? _____

I understand that any information I have provided is strictly for DOGTORS records and will not be shared, sold, or otherwise given to any individual or group.

I also understand that DOGTORS does background checks on all the animals with the vets and with animal law enforcement for bite or aggression history.

I also guarantee by my signature that I have been honest in all the above information provided and will be liability responsible for any falsification.

Signature of Student

Date

Email to: DOGTORSAAT@GMAIL.COM

OR Send to: DOGTORS AAT

Signature of Parent / Legal Guardian

4033 Spfld-Xenia Rd.
Springfield, OH 45506