

## Brian Livingston LLC Dog Intake Sheet

BREED: \_\_\_\_\_ SEX \_\_\_\_\_ DOB: \_\_\_\_\_

REGISTERED NAME: \_\_\_\_\_ AKC REG#: \_\_\_\_\_

CALL NAME: \_\_\_\_\_ MICROCHIP NUMBER: \_\_\_\_\_

OWNER(S) NAME: \_\_\_\_\_  
*(Responsible for Payment)*

E-MAIL: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS(ES):  
\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FOOD, BRAND: \_\_\_\_\_ DAILY AMOUNT: \_\_\_\_\_  
*Dogs are fed twice a day unless otherwise specified.*

SUPPLEMENTS & VITAMINS:  
\_\_\_\_\_

MEDICATIONS:  
\_\_\_\_\_  
*We always have standard medications on hand in case of emergencies. (benedryl, gas-x, pepto, etc)*

*\*All special foods, supplements/ vitamins and medications are to be provided and paid for by Client unless other arrangements have been made.*

ALLERGIES:  
\_\_\_\_\_

FAVORITE BAIT:  
\_\_\_\_\_  
*We normally have several types of bait, including beef liver, beef heart and chicken breasts.*

FAVORITE TREATS & TOYS:

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*We normally give our dogs Nyla-Bones, smoked bones and biscuits. Due to medical disasters that can be caused by rawhide chews we choose not to provide these for dogs.*

RING TRAINING, EXPERIENCE & HABITS:

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GROOMING TABLE HABITS & EXPERIENCE:

X-PEN HABITS:

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*The x-pens are not for "exercising dogs." We use the x-pens for the dogs to rest, relax and play. At the shows, each dog is exercised.*

VOIDING HABITS:

OBEDIENCE COMMANDS:

HABITS (Good & Bad):

KNOWN FEARS:

EXISTING MEDICAL CONDITIONS, INJURIES OR ISSUES: \_\_\_\_\_

To the best of my knowledge, said dog has not had any communicable diseases in the last 30 days.

Initials \_\_\_\_\_

ANY OTHER INFORMATION THAT WE SHOULD KNOW TO KEEP YOUR DOG HAPPY AND SAFE:

ATTENDING VETERINARIAN:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

LAST VACCINATIONS ADMINISTERED:

DHLP-P/C \_\_\_\_\_ RABIES \_\_\_\_\_ BORDETELLA \_\_\_\_\_

FLEA TREATMENT: \_\_\_\_\_ HEARTWORM PREVENTATIVE: \_\_\_\_\_

CREDIT CARD INFORMATION (to be used for emergency veterinary treatment)

NAME AS IT APPEARS ON THE CARD:

\_\_\_\_\_

BILLING ADDRESS FOR CARD:

\_\_\_\_\_

NUMBER: \_\_\_\_\_ EXP: \_\_\_\_\_ V-CODE ON BACK: \_\_\_\_\_

I, \_\_\_\_\_, authorize that any and all veterinary charges may be applied to the above credit card. I authorize Brian Livingston and/ or any of his assistants to seek medical treatment for my dog.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AGENT & ASSISTANT NOTES**

WEIGHT:

COAT CONDITION:

MARKS, BLEMISHES, DISCOLORATION:

TEETH:

NAILS:

EARS

CRATE BEHAVIOR: