

Y-Farms Kennels

Dog Information

Dog's Name: _____ Breed: _____

Color: _____ Sex: _____ Age: _____

Spayed/Neutered: Yes or No Microchip: Yes or No If Yes please list the number: _____

Is your dog on a Special Diet: Yes or No If Yes please list food and feeding instructions: _____

Medical Problems/Medications: Yes or No If Yes please describe below:

Veterinarian: _____ Phone: _____

Comments: Please include any behaviors that your dog may have such as escape artist, digging, jumping fences, aggression to humans or other animals, chewing, fear of thunderstorms/gunshots/fireworks, etc.

Owner Information

Name: _____ Date: _____

Address: _____

Phone: _____ Alternative Phone: _____

Email Address: _____

Emergency Contact: _____

How did you hear about us: _____

*** Please have your dogs' items clearly labeled that are brought with him/her at drop-off, Y-Farms is not responsible for any leashes, collars and bowls left at our facility.