

DogFeathers



Intake Form & Vaccination Record

This completed form plus vaccination record must be returned to Dogfeathers, Inc. BEFORE the scheduled grooming date!

Email: DogFeathersATL@gmail.com

Address: 189 North Clarendon, Avondale Estates, GA 30002

Phone: 404-499-1006 / 404-499-1007

Pet's Name:
Breed:
Age:
Birthdate:
Sex: Male Female
Primary Owner's Name:
Home #:
Cell #:
Work #:
Address:
Partner/Spouse:
Cell #:
Work #:

Vet Name:
Phone Number:
Address:
Sprayed or Neutered: Y N Date:
On Medication: Y N If yes, list drugs:
Pregnant: Y N
Known Allergies: Y N If yes, list allergies:
Vaccinations (listed below) – Give copy of vaccination record
• Rabies
• Distemper
• Bordetella