

**ENROLLMENT FORM-LEBANON MLP**

**PARENT INFORMATION:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ABOUT YOUR DOG:**

Dog's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered: YES or NO

Dog's name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Color: \_\_\_\_\_ Spayed/Neutered: YES or NO

**VETERINARIAN INFORMATION:**

Vet Clinic: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL/BEHAVIORAL CONCERNS:**

**EMERGENCY CONTACT/PERMISSION TO PICK UP:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**OFFICE ONLY:**

Vaccinations: Rabies: \_\_\_\_\_ DHPP: \_\_\_\_\_ Bordetella: \_\_\_\_\_