

The Conway Area Humane Society
 Dog Information and Medical History



Dog #1: _____ DOB and Age: _____

Breed(s): _____

Color(s): _____ Marking(s): _____

Spayed Female Neutered Male

Rabies		DHLLP	
Date Given:	Expiration:	Date Given:	Expiration:

Dog #2: _____ DOB and Age: _____

Breed(s): _____

Color(s): _____ Marking(s): _____

Spayed Female Neutered Male

Rabies		DHLLP	
Date Given:	Expiration:	Date Given:	Expiration:

Required: Attach Copy of Current Vaccination Records

Signature: _____ Date: _____

Staff Name: _____ Date: _____