

GDA DOG DROP-OFF FORM

Drop-Off Date: _____ Will Pick Up: _____

Raiser's Name: _____ Phone: _____

Dog's Name: _____ Dog's # _____

Breed: _____

Sex: _____ DOB: _____ Weight: _____

Diet: (Circle) SAVOR FOCUS Cups per Meal: _____

HW Due On: (Circle) 1st 15th Flea/Tick Due: _____

Reason for Visit: _____

Current Medication: _____

Medical Concerns: _____

Behavioral Concerns: _____

Kennel Staff Notes: