

GDA Dog Drop-Off Form

Drop-Off Date: _____ Will Pick Up: _____

Raiser's Name: _____ Phone: _____

Dog's Name: _____ Breed: _____

Sex: _____ DOB: _____ Weight: _____

Diet (Please Circle): **Puppy** **Adult** **Sport/Performance**

Bag Color: **Light Blue** **Orange** **Purple**

Cups Per Meal: _____ Other Food: _____

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

Reason For Visit: _____

Current Medication: _____

Medical Concerns: _____

Behavioral Concerns: _____

Kennel Staff Notes: