



Pet's Name:

Pet's Sex:

Breed:

Color:

Spayed/neutered;

Yes

No

Is dog current on vaccinations?

Yes

No

Date:     /     /

Is dog licensed?

Yes

No

Date:     /     /

City/Town:

Attending Veterinary Hospital:

Hospital Address:

Hospital Phone (if known):

Dogs with a history of aggression towards other dogs or people are not allowed in the Farm Field.

Has your dog ever bitten another dog or a person?

Yes

No

I have read and understand the rules of use and I understand that violations of these rules will result in suspension or revocation of field use privileges. Signed:

Signed:

Date:

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