

Mossy Pond Retrievers Information Sheet

Date _____

Rcvd: () Shot Record
() Heartworm Medicine

Dog's Name _____ Color _____ AKC # _____

Owner's Name _____ D O B _____

Owner's Address _____

Phone _____ Fax _____ Email _____

Emergency Contact _____

Emergency Address _____

Emergency Phone _____

Health

Veterinarian _____

Vet's Address _____

Vet's Phone _____

Shots Completed _____

Health Problems _____

Food

Feeding Schedule _____

Amount fed _____

Training

Current Skills _____

Skill level anticipated at the end of the training session (i. e., Beginner, Intermediate, Advanced)

Overall goal for training (i.e., Advanced lever hunter, Hunt tests, Field trials) _____