



CHILD'S NAME: _____

SUPPLEMENTARY INSCRIPTION

INFORMATIONS ON THE DOG

Name of the dog : _____

Sex: _____ Neuted : Yes No

Age: _____

Race: _____

Weight: _____

Vaccination must be given in the last two years or you must provide us with the results of a blood test for your dog's antibody.

Rabies Distemper

Parvovirus Bordetella (Kennel Cough)

Name of dog's owner _____
(If not the parents)

Address: _____

Tel.: (Residence) (____) _____

Tel.: (Office) (____) _____

Veterinary's name: _____

Tel.: (____) _____

It's characteristics :

Is he aggressive with people ? yes no

Has he bitten someone ? yes no

Is he aggressive with dogs ? yes no Unknown

Is he aggressive with cats ? yes no Unknown

Is he custom to live in the house ? yes no

If unleashed, will he run away ? yes no

Does he use a cage in the house? yes no

Food's brand ? _____ Per day quantity: _____

Spécifics faults: _____

The commands the dog understand : _____

By the present, I certify that the provided informations on the dog are exacts and I autorise a Responsible person to give ordinary medical care (medication and minor treatment) to the dog and in case of emergency, to bring the dog to the veterinary who, after consulting with me, will take necessary dispositions. In this matter of fact I engage in defraying the applicated care expenses for my dog. Finally I recognize the authority of Natur-ailes canin Inc. to refuse the inscription of my child and his dog for group security reasons.

DOG OWNER'S SIGNATURE _____

DATE _____