Additional Dogs

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| --- | --- |
| Owner Name: |  |
| Pet Name: | Dominant Breed: |
| Sex: M F Spayed or Neutered? Y N | Color: |
| Birthday: | Age: |
| Good with dogs? Y N People? Y N | If no explain: |
| Escape artist/Fence jumper? Y N  | If yes explain: |
| Food aggressive? Y N Allergies? Y N | If yes explain: |
| Toy aggressive? Y N | If yes explain: |

Any other concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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