



Welcome to ICSB Knoxville

Owner: _____ **Co-Owner (if applicable):** _____

Address: _____ **City** _____ **State** _____

Home phone (____) _____ **Cell phone** (____) _____

Email _____ **Employer** _____

Work phone (____) _____ **Referred by:** _____

Bitch's call name: _____

Registered name: _____

DOB: _____ **Breed:** _____ **Color:** _____ **M / F**

Registry: AKC UKC American field Other _____

Date of last Brucellosis test: _____

Microchip # _____ **DNA #** _____

Date of last OFA:

Hips _____ **Elbows** _____ **Heart** _____ **Thyroid** _____

Date of last PENN Hip:_____

Date of last eye CERF:_____

We offer OFA, PENN Hip and eye CERF exams by appointment. Please let us know if you are interested.

Has this female been bred before? Y / N # of litters produced?_____

of attempted breedings total:_____

Vaccination status: Please provide the name and phone of the clinic providing vaccines and routine health care: _____
Contact # (_____)_____

As required by law, and for the safety of our staff, we require all dogs be current on rabies vaccination. Dogs who board with us must also be current on Distemper, Parvovirus and Bordatella. If you are breeding this female, she should be up to date on Distemper/Parvo *before* breeding. These vaccines cannot be given to a pregnant bitch. Maternal immunity passed to the pups in her milk is boosted by up to date vaccines.

Date of last Rabies_____ Distemper/Parvo_____ Bordatella_____

Is this dog on heart worm preventive? Y / N. Brand:_____

Please list all medications and supplements, including flea control:_____



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