

Morningside Happy Tails
6801 Morningside Ave.
Sioux City, IA 51106
712-276-3138

DOG OWNER INFORMATION

Owner/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone #'s: _____

First Alternate Phone # to Contact: _____

Name of person at this #: _____

Second Alternate Phone #: _____

Name of person at this #: _____

Email Address: _____

Names of Dog(s): _____

Any Additional Emergency Contact Information

DOG'S MEDICAL INFORMATION

Dogs with ongoing/serious health problems should be boarded with their preferred veterinarian.

Dog's Name _____

Animal Clinic Used for Vaccinations _____

Location: _____ Phone #: _____

Date when flea/tick treatment was administered _____

Does your pet have any medical problems aggravated by weather changes or stress (i.e. Allergies, Arthritis, etc.) **YES** **NO** If yes, please explain: _____

Will you be providing medication for their stay? **YES** **NO**

If YES, please provide medication type and dosage information below. All medications must be in originally labeled and prescribed packaging. *We do not perform injections.*

Medication 1: _____ Dosage _____

Medication 1 is for (i.e. rash): _____

Medication 2: _____ Dosage _____

Medication 2 is for (i.e. rash): _____

Medication 3: _____ Dosage _____

Medication 3 is for (i.e. rash): _____

Morningside Happy Tails Contact info:

Phone #'s **712-276-3138**

Email: msidehappytails@yahoo.com

Mailing address: **M'Side Happy Tails
6801 Morningside Ave.
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