



**Lorren Barham Veterinary
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OWNER INFORMATION	
Owner Name & Surname:	
Cell phone:	
Physical Address:	
Email Address:	
Pool at home: (yes or no)	
PET INFORMATION	
Name:	
Breed & Colour:	
Dog/ Bitch: Neutered/ Spayed:	
Age: DOB:	
Home Vet Name: Specialist Vet Name:	
Exercise Regime/ Tolerance:	
Medication: Supplements:	
Insurance:	
Pet affinity to water:	
HANDLING WARNINGS	
Human:	
Dog aggressive/ reactive:	
Character/ personality:	
MEDICAL HISTORY & CONDITIONS/ INJURIES/ OPERATIONS	

