GREYHOUND ADMISSION FORM



Owner Information Name:	ation			
Address:				
Phone (mobile):		Phone (other):		
Greyhound Information				
Racing Name:				
Kennel Name:				
Ear Brand:		Microchip:		
Distinguishing features:				
Primary Veterinarian (Name):				
Address:				
Phone:				
Emergency care - notes:				
General Health Issues (including injuries, behavioural concerns, etc):				
Emergency Contacts for Owner				
Name:		Relationship:		
Phone:		Mobile:		
Name:		Relationship:		
Phone:		Mobile:		
Name: Pe	erson in Charge	Signature	Date	
Name: Greyhound Owner		Signature	Date	

PEN IDENTIFICATION



Greyhound Name:			
Gender			
Microchip			
Ear brand			
Owner Name and Contact Number			
Kennel Number / Location			
Additional Care Required (Yes / No)			
Additional Notes:			

NOTE: The goal of this identification is to be able to match the information below - displayed on a greyhound's pen - to that greyhound's individual record (as well as identify key health info at a glance).

If you consider it prudent to do so for security reasons at your kennel, you may remove or change certain identification items as long as a person looking at or inspecting the greyhound's individual record can match it to the form of identification card you actually use on the greyhound's pen.