Show Dog Onboarding Form

Elizabeth Edgerton Handling
Professional Show Dog Handling & Transportation

Owner Information

Owner's Name: _____

Address: _____

City / State / ZIP: _____

Phone Number: _____

Email: _____

Emergency Contact (Name & Phone): _____

Dog Information

Registered Name: _____

Call Name: _____

Breed: _____

Sex / Age / DOB: _____

Color / Markings: _____

AKC / Registration Number: _____

Microchip / Tattoo Number: _____

Health & Veterinary Information

Veterinarian Name / Clinic: _____

Clinic Phone: _____

Vaccinations Current / Last Rabies Date: _____

Special Medical Needs or Medications: _____

Feeding Instructions (type, amount, frequency): _____

Allergies or Sensitivities: _____

Show Handling Preferences

Handler Instructions / Goals: _____

Grooming Notes: _____

Show Schedule or Upcoming Events: _____

Transportation & Boarding

Pick-Up Location: _____

Drop-Off Location: _____