

Canine Transportation Service Form

Elizabeth Edgerton Handling
Professional Show Dog Handling & Transportation

Owner's Name:	
Address:	
Phone Number:	
Email:	
Emergency Contact (Name & Phone)	:
Dog Information Registered Name / Call Name:	
Breed / Sex / Age:	
Color / Markings:	
Temperament or Handling Notes:	
Transportation Details Pick-Up Location / Date:	
Drop-Off Location / Date:	
Destination (Show / Kennel / Private)	:
Contact Person at Destination:	
	:
Health & Safety Veterinary Clinic / Phone:	
Vaccinations Current? (Yes / No):	
Feeding Instructions:	
Emergency Care Authorization (Yes	

Transportation Terms & Owner Authorization

I authorize Elizabeth Edgerton Handling to provide professional and safe transportation for my dog(s) as described above . I confirm that all provided information is accurate, and my dog is current on vaccinations and in good health for trav el.

Liability Disclaimer: While every reasonable precaution is taken to ensure each dog's safety, comfort, and well-being, transportation involves a Elizabeth Edgerton Handling operates with a fully climate-controlled vehicle, continuous temperature and humidity monitoring, and experience By signing below, the owner acknowledges these terms and authorizes reasonable veterinary care in the event of an emergency, with costs by