

## CLIENT INFORMATION

Name:

Address:

City:

State:

Zip Code:

Home:

Cell:

Work:

E-mail Address:

**How did you hear about us?**

**If referred, by who?-**

Please provide their name so that we can thank them!

## EMERGENCY CONTACT INFORMATION

Name:

Relation:

Phone:

## PET INFORMATION

Name:

Breed:

Date of Birthday

Color:

Microchip: yes no

Male: neutered/intact Female:

Date or age of Spay/Neuter:

Veterinarian:

Vaccine History: Copy present: \_\_\_\_\_

All dogs require current proof of Rabies, DHPP & Bordetella

What type of flea protection is your pet on?

Last date applied?

Signed:

\_\_\_\_\_ Date: \_\_\_\_\_

Valid for three years from date of signature

## ADDITIONAL INFORMATION

How did you acquire your dog?

What age was your dog when you brought them home?  
How long have you owned your dog?

If owned as a puppy, did you attend a puppy socialization class?

Has your dog ever attended dog daycare before?                      If yes, where and how often?

How long since your dog last attended dog daycare regularly?

Does your dog go to the dog park?    If yes, how often?

Has your dog ever had problems with other dogs or a fight at the dog park?  
Please explain details:

Is your dog afraid of noises?                      Thunderstorms?  
People/Strangers? (men/women/children)  
Other:

Have you taken classes with your dog before?                      What type?

Is there any kind of breed of dog your dog does not like? (breed/size/sex)

Has your dog ever been around puppies?  
How does he/she react to puppies?

Does your dog have any medical conditions or sensitivities that might be a factor playing with other dogs?

Is your dog toy possessive?