

## 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:

Male: neutered/intact Female: Spay/Intact

Color:

Date of Birthday

Microchip: yes no

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 one year from date of signature

## ADDITIONAL INFORMATION

Does your dog have any food allergies or a sensitive stomach?

How did you acquire your dog?

How long have you owned your dog?

Is your pet fearful of strangers?                      Noises?                      Other dogs?

Is your pet toy possessive?

What type of collar do you use?

What type of leash do you use?

Does your dog have a reliable sit/stay?                      down/stay?

Have you taken any other classes with your dog?

Level or type of class?

What are your goals for class?