



NEW CLIENT INFORMATION

Owners Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Best way to reach you: _____

How did you hear about us? _____

Emergency Contact Name (in case owner can't be reached): _____

Emergency Contact Phone Number: _____

Dog's Name: _____ Breed: _____

Color: _____ Weight: _____ Birth date: _____

Veterinarian Office: _____

Vet's Phone Number: _____

Sex: Neutered or spayed (Please circle)

If your dog is attending the facility for Daycare or Training please answer the following questions:

Does your dog have any medical conditions (i.e. seizures, bad hips, history of bloat, allergies, dietary restrictions, medications)?

How much exercise does your dog get daily?

Has your dog had any training? If so, please list classes attended below.



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Is your dog comfortable in a crate? Yes / No

Is your dog comfortable being walked on a leash? Yes / No

Has your dog ever climbed or jumped a fence? Yes / No

Has your dog ever growled or snapped at anyone who touched their bones or toys? Yes / No

Does your dog regularly play with other dogs? Yes / No If so, what is their play type?

Does your dog prefer certain sexes of dogs? Yes / No If so, which sex?

Does your dog like puppies? Yes / No

How does your dog react to dogs of different sizes?

Is there any additional information we should know about your dog?

Owners Signature: _____ **Date:** _____