

Date:	
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Client Information

First Name	Last Name						
Street Address	City		State Zip				
Home Phone	Cell Phone		_ Work Phone				
Email Address							
Spouse/Co-Owner	Main Phone						
Emergency Contact Name _	et Name Main Phone						
How did you find us? ☐ Go	ogle	stagram 🗌 Proi	motion				
If referral, by whom?							
Breed	Male Neutered Color	og □ Cat □ Oth □Female	ner (please specify): Date of birth e				
Name of Primary Veterinary Skin Conditions How would you describe the How did your dog receive of Do you use a crate? Has your pet ever jumped a of Has your dog ever bitten a P	e energy level of your pet? bedience training? es	☐ Low ☐ None ☐ Sour pet comfortale a fence? ☐ Yes ☐ N	Medium ☐ High Self-Trained ☐ Formal Classes ble in a crate? ☐ Yes ☐ No				
How does your pet react who	en stressed or upset?						
Is there anything else you we	ould like for us to know abo	out your pet?					

Pet 2 Information

Name of pet	Dog Cat Other (please specify):				
Breed	☐ Male	Color	 	Date of birth Spayed	
			Петаге	_ spujeu	
Medical Conditions					
Name of Primary Veterina Skin Conditions					
How would you describe to How did your dog receive Do you use a crate? Has your pet ever jumped Has your dog ever bitten a	he energy obedience Yes	level of your pet? training? Is yence OR dug under or DOG? ed at a PERSON or	☐ Low ☐ Me ☐ None ☐ Se your pet comfortable t a fence? ☐ Yes ☐ Yes ☐ No T DOG trying to take	elf-Trained ☐ Formal Classes e in a crate? ☐ Yes ☐ No	
How does your pet react w	hen stress	ed or upset?			
Is there anything else you	would like	e for us to know abo	out your pet?		
		Pet 3 Inf	<u>ormation</u>		
Name of pet		D	og 🗌 Cat 🗌 Othe	r (please specify):	
Breed	Male	Color Neutered	Female	Date of birth Spayed	
Medical Conditions					
Name of Primary Veterina	•				
Skin Conditions How would you describe t How did your dog receive Do you use a crate? Has your pet ever jumped Has your dog ever bitten a Has your dog ever growled If you answered YES to an	he energy obedience Yes	e training? To Is yence OR dug under Tor DOG? To a PERSON or	☐ None ☐ Segour pet comfortable a fence? ☐ Yes ☐ No	elf-Trained Formal Classes e in a crate? Yes No	
How does your pet react w	hen stress	ed or upset?			
Is there anything else you	would like	e for us to know abo	out your pet?		

Pet 4 Information

Name of pet Dog						
Breed Date of birth						
☐ Male ☐ Neutered ☐ Female ☐ Spayed						
Medical Conditions						
Name of Primary Veterinary Clinic						
Skin Conditions						
How would you describe the energy level of your pet? ☐ Low ☐ Medium ☐ High						
How did your dog receive obedience training? ☐ None ☐ Self-Trained ☐ Formal Classes						
How did your dog receive obedience training? Do you use a crate? Yes No Is your pet comfortable in a crate? Yes No						
Has your pet ever jumped a 6' high fence OR dug under a fence? ☐ Yes ☐ No						
Has your dog ever bitten a PERSON or DOG? ☐ Yes ☐ No						
Has your dog ever growled or snapped at a PERSON or DOG trying to take food or toys away? Yes No						
If you answered YES to any of the previous questions, please explain:						
n you answered TES to any of the previous questions, please explain.						
How does your pet react when stressed or upset?						
Is there anything else you would like for us to know about your pet?						