



Date: _____

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 _____ Main Phone _____

How did you find us? Google Facebook Instagram Promotion Drive By Referral

If referral, by whom? _____

Pet Information

Name of pet _____ Dog Cat Other (please specify): _____

Breed _____ Color _____ 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

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:

How does your pet react when stressed or upset?

Is there anything else you would like for us to know about your pet?

Pet 2 Information

Name of pet _____ Dog Cat Other (please specify): _____
Breed _____ Color _____ 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
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:

How does your pet react when stressed or upset?

Is there anything else you would like for us to know about your pet?

Pet 3 Information

Name of pet _____ Dog Cat Other (please specify): _____
Breed _____ Color _____ 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
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:

How does your pet react when stressed or upset?

Is there anything else you would like for us to know about your pet?

Pet 4 Information

Name of pet _____ Dog Cat Other (please specify): _____
Breed _____ Color _____ 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

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:

How does your pet react when stressed or upset?

Is there anything else you would like for us to know about your pet?