



New Client Information

Owner Information	
Name:	Home Phone:
Additional Owner:	Work Phone:
Address:	Cell Phone:
City/State/ZIP:	Emergency Contact:
Email:	Emergency Contact Phone:
How did you find out about us? (circle)	
Advertisement	Referral
Sign	Newspaper
Veterinarian	Trainer
Web search	Website
Yellow Pages	Other: _____
If referred, by whom? _____	

Veterinarian Information
Veterinarian/Clinic:
Address:
City/State/ZIP:
Phone:

Pet Information	
Pet 1	
Pet Type: Cat / Dog	Birth Date:
Pet Name:	Gender:
Breed:	Neutered/Spayed: Y N
Color/Description:	
Others authorized to pick up:	
Heartworm prevention? Y N	Brand: _____
Flea/tick prevention? Y N	Brand: _____
Other medications? Y N	Drug(s): _____
Past or present issues (check all that apply):	
___ Allergies	___ Diabetes
___ Heart/Respiratory	___ Kidney
	___ Digestive
	___ Seizures
Other: _____	

Pet 2		
Pet Type: Cat / Dog	Birth Date:	
Pet Name:	Gender:	
Breed:	Neutered/Spayed: Y N	
Color/Description:		
Others authorized to pick up:		
Heartworm prevention?	Y N	Brand: _____
Flea/tick prevention?	Y N	Brand: _____
Other medications?	Y N	Drug(s): _____

Past or present issues (check all that apply):		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Digestive
<input type="checkbox"/> Heart/Respiratory	<input type="checkbox"/> Kidney	<input type="checkbox"/> Seizures
Other: _____		

Pet 3		
Pet Type: Cat / Dog	Birth Date:	
Pet Name:	Gender:	
Breed:	Neutered/Spayed: Y N	
Color/Description:		
Others authorized to pick up:		
Heartworm prevention?	Y N	Brand: _____
Flea/tick prevention?	Y N	Brand: _____
Other medications?	Y N	Drug(s): _____

Past or present issues (check all that apply):		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Digestive
<input type="checkbox"/> Heart/Respiratory	<input type="checkbox"/> Kidney	<input type="checkbox"/> Seizures
Other: _____		

Pet 4		
Pet Type: Cat / Dog	Birth Date:	
Pet Name:	Gender:	
Breed:	Neutered/Spayed: Y N	
Color/Description:		
Others authorized to pick up:		
Heartworm prevention?	Y N	Brand: _____
Flea/tick prevention?	Y N	Brand: _____
Other medications?	Y N	Drug(s): _____

Past or present issues (check all that apply):		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Digestive
<input type="checkbox"/> Heart/Respiratory	<input type="checkbox"/> Kidney	<input type="checkbox"/> Seizures
Other: _____		

BEHAVIOR QUESTIONNAIRE

Please fill out a separate form for each pet

Date _____

Owner's Name _____ Pet's Name _____

1. How long have you owned your dog?

2. Has your dog received formal obedience training?

3. Has your dog ever participated in group daycare?
If yes, were there any problems or concerns noted? Please explain.

4. What commands does your dog know?

5. Is your dog afraid of any specific items or noises (e.g. thunder)?

6. Are there any particular types of people (e.g. children, people in uniform) that your dog automatically fears or dislikes?

7. Has your dog ever show aggression towards people or other animals?
If yes, what were the circumstances?

8. Does your dog become protective of food or toys?

9. Has your dog ever growled or snapped at a person when they attempted to take away food or toys?

10. Has your dog ever climbed or jumped a fence?

11. Does your dog dig under fences?