Client Information & Pet Profile



Please fill in all applicable fields to the best of your knowledge

Client Contact Information				
Client's name:				
Address:				
Mobile number:				
Email address:	Work Number:			
Emergency Contact Information				
Emergency contact name:				
Available to pick up? Yes No	Relationship to owner:			
Mobile number:	Work Number:			
Email address:				
Vet Information				
Vet name:				
Vet address:				
Phone number:	Hours:			
Email address:				

跉 Dog Information

Dogs name:			Dogs age:	
Dogs weight:			Sex	Male Female
Neutered/Spayed	Yes	No	Fully vaccinated	Yes No
Is your dog up to date with their flee and tick treatments?		atments?	Yes No	
Is your Pet insured?	Yes	No		
Tag on collar	Yes	No	Crate trained?	Yes No
Micro chipped	Yes	No	Negative fecal?	Yes No
Treats allowed	Yes No Anything they shouldn't have?			
Allergies/intolerances	Yes	No	Explain:	
Medical conditions	Yes	No	Explain	
Medication required	Yes No If yes please fill out medication form *			
Any limited or impaired sensory functions? Yes No				
Explain:				

© Dog Training			
Has your dog undergone any obedience training? Yes No			
Does your dog know any of the commands below:			
Sit Paw Heal Wait Down Their name Other:			
Any specific toys or enrichment games your dog particularly enjoys:			
Explain:			

Any specific skills you'd like us to reinforce or work on learning while your dog is here?

Explain:



Oog Behavior & Social Skills

Has your Dog ever shown signs of aggression towards a person or another animal?
Yes No
Please explain:
Any behavioral concerns - (guarding things, noise phobias, etc)
Does your dog ever require a muzzle? Yes No
Does your dog have good recall? Yes No
If yes, please give details:
How does your dog respond to the following - Given: 1 = BAD and 5 = GOOD
Cats Rating score /5 People Rating score /5 Small dogs Rating score /5
Birds Rating score /5 Squirrels Rating score /5 Larger dogs Rating score /5
Anything to add?
Client Signature
Client signature: Date: