

Pet's Name _____

Date: _____



Parent Info

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Emergency Contact: _____ Phone: _____

Employer Name: _____ Phone: _____

How did you hear about us? _____

Pet Info

Breed: _____ Color: _____

Sex: Male ☐ Female ☐ Neutered/Spayed: Yes ☐ No ☐ Bites: Yes ☐ No ☐ Weight: _____

Date of Birth: _____ Or Age: _____

Vet Name: _____ Phone: _____

Address: _____

Vaccination Dates: _____

Please also provide copies of vaccinations or we can contact your Vet for you.

Where did you get your pup? _____

Has your pup been off leash with a large group of dogs before? Yes ☐ No ☐

If yes, how did they respond? _____

Does your dog bark and if so, how do you get them to stop? _____

Is your dog protective of toys, food things they find on the ground, ect? Yes ☐ No ☐

Has your dog had any formal training or puppy classes? Yes ☐ No ☐ If so, where? _____

Does your dog know verbal commands? Sit, lay down, no. Yes ☐ No ☐

Do they know any hand commands for sit, lay down, no. ? Yes ☐ No ☐

Does your dog have any medical conditions or allergies? Yes ☐ No ☐ If so, what are they? _____

Is there anything additional information that we may need to know? _____
