



## CLIENT INFORMATION

Client Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_  
Veterinarian Address \_\_\_\_\_

Do I have authorization to take your dog to the vet? Yes or No \_\_\_\_\_

## DOG INFORMATION

NAME	MALE/FEMALE	BREED	BIRTHDAY
1. _____	/ _____ /	_____	/ _____
2. _____	/ _____ /	_____	/ _____
3. _____	/ _____ /	_____	/ _____
4. _____	/ _____ /	_____	/ _____

Does your dog have any current medical conditions, allergies or disabilities? YES or NO  
If yes please explain \_\_\_\_\_

Do you take your dog to the dog park? \_\_\_\_\_

Has your dog shown any aggression towards other dogs or people? \_\_\_\_\_

Feeding Instructions \_\_\_\_\_

Is your dog crate trained? \_\_\_\_\_

Bedtime Instructions \_\_\_\_\_

Is your dog microchipped? \_\_\_\_\_ Microchip number \_\_\_\_\_

Anything else we should know? \_\_\_\_\_

