CLIENT & PET INTAKE FORM

OWNER INFORMATION
Full Name:
Phone Number:
Email Address:
Home Address:

EMERGENCY CONTACT
Name:
Phone Number:
Relationship to You:

DOG INFORMATION
Dog's Name:
Breed/Mix:
Age:
Sex: Male Female | Spayed/Neutered: Yes No
Weight:
Color/Markings:

HEALTH INFORMATION
Veterinarian Name/Clinic:
Vet Phone Number:
Vaccinations Up to Date? Yes No
Medical Conditions or Allergies:
Medications (if any):
Flea/Tick Preventative Used:

BEHAVIOR INFORMATION
Does your dog get along with other dogs? Yes No
Has your dog shown aggression toward people or animals? Yes No
Is your dog crate trained? Yes No
Any behavior issues we should be aware of?

SERVICES REQUESTED (check all that apply)
Training (Private / Group / Behavior Modification)
Boarding
In■Home Pet Sitting
Daycare
Walking
Other: _____

ADDITIONAL NOTES OR SPECIAL INSTRUCTIONS

Signature: _____ Date: _____