



Client's Name: _____ Date: _____

Dog's Name: _____ Breed: _____

Age: _____ Color: _____ Approx. Weight: _____

Sex / Spay or Neuter Status: (circle) Female / Spayed Male / Neutered

Any health or medical issues? _____

Is your dog a jumper, climber, or escape artist? Yes / No

Does your dog experience storm anxiety? Yes / No

Has your dog ever exhibited aggressive behavior toward people or other dogs? Yes / No

Has your dog ever bitten a person or another dog? Yes / No

If you answered, "YES" to any of the above, please explain: _____

Any special information you would like us to know about your pet? _____

Immunization records must be supplied. Records can be emailed or faxed from your veterinarian's if needed.

OFFICE USE ONLY

Immunization Record – Latest Date

Rabies	_____	_____	_____	_____
Bordetella	_____	_____	_____	_____
DHLPP	_____	_____	_____	_____