



Client Intake Form

Name _____

Date _____

Address _____

City/State _____

Phone #(s) _____

Email _____

Emergency Contact Name and phone #: _____

Dogs Name _____

Breed _____

Age/Sex _____

Spay/Neut? _____

Other People in Household? _____

Other Dogs in Household? _____

Veterinarian _____

Med Probs?Meds?Allergies? _____

Brand of Food? _____

How Much? _____

How Many Times/Day? _____

Free Fed or Meals? _____

Where Did you get dog? _____

How Long Ago? _____

Housebroken? _____ Crate Trained? _____ Type of Collar? _____

Where does dog sleep? _____ Exercise? _____

Previous Training _____ How Long Ago? _____

Bite History? Person or Dog? Details: _____

Top 3 Goals: _____

How did you hear about us? _____ Perm to post on social media? _____

Permission to walk dog off premises _____

