



CLIENT HISTORY

Owner's Last Name: _____ Owner's First Name: _____

Additional Owner's Last Name: _____ Additional Owner's First Name: _____

Employer: _____

Street Address:		Email Address:	
City:		Home Phone:	
State:		Work Phone:	
Zip Code:		Cell Phone:	
Emergency Contact Name:		Emergency Contact Phone:	
Alternate Pick-up Name:		Alternate Pick-up Phone:	

PET INFORMATION

Your Dog's Name: _____ Nickname(s): _____ Dog's Breed: _____ Age: _____

Dog's DOB: ____/____/____ Gender: Male / Female Neuter State: Neutered / Spayed Color/Markings: _____

Does your dog have any known allergies? Yes / No If yes, please list: _____

VETERINARIAN INFORMATION

Rabies due: _____ Distemper/Parvo Due: _____ Bordatella due: _____ **PROOF PROVIDED**

BORDATELLA EXEMPT

(Note: Titters are allowed for Distemper only)

Veterinarian Name: _____

Address: _____

Phone: _____

Does your dog take any medication: Yes / No If yes, please specify: _____

Medical Health Issues: _____

How did you hear about us: Advertisement Google Veterinarian Walk-in Website

Word of Mouth Yellow Pages Existing Owner

Referred by: _____

Note: It is highly recommended that you attend a Think Pawsitive Manners Lecture prior to your first session. This lecture is free when you enroll in our program!