



### 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: Titers 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!**