



## Client Information Form

Dog Owner \_\_\_\_\_ Address \_\_\_\_\_  
(Address where we will pick up your dog)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail address \_\_\_\_\_  
(Please Print Clearly)

1) Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Spayed/Neutered? (Circle one) Yes No Vaccines Current? (Circle one) Yes No

Can this dog have treats? Yes No Anything else we need to know? \_\_\_\_\_

2) Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Spayed/Neutered? (Circle one) Yes No Vaccines Current? (Circle one) Yes No

Can this dog have treats? Yes No Anything else we need to know? \_\_\_\_\_

3) Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Spayed/Neutered? (Circle one) Yes No Vaccines Current? (Circle one) Yes No

Can this dog have treats? \_\_\_\_\_ Anything else we need to know? \_\_\_\_\_

Vet's Name \_\_\_\_\_ Vet's Phone # \_\_\_\_\_  
(Where shot records are on file)

How did you hear about us? \_\_\_\_\_



Signed \_\_\_\_\_ Date \_\_\_\_\_