

# New Client Intake Form

**Welcome to RUFF LIFE!**

Please complete the form below so we can get to know you and your dog better.

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## Owner Information

**Full Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Preferred Contact Method:**

Phone Call  Text Message  Email

## Owner Information

**Full Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Preferred Contact Method:**

Phone Call  Text Message  Email

## Emergency Contact (Other than Yourself)

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

## Veterinarian Information

Veterinary Clinic Name: \_\_\_\_\_

Vet Phone Number: \_\_\_\_\_

Is your dog up to date on vaccinations?  Yes  No

*Please provide proof of vaccinations (Rabies, DHPP, Bordetella, etc.)*

## Dog Information

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Date of Birth / Age: \_\_\_\_\_

Sex:  Male  Female

Neutered  Spayed  Intact

Microchipped?  Yes  No

## Health & Behavior

Any known medical conditions or allergies?

No  Yes — Please explain:

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Current medications (if any):

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Has your dog ever shown aggression toward:

- Other Dogs?  Yes  No

- People?  Yes  No

*If yes, please explain:* \_\_\_\_\_

Has your dog ever bitten another dog or person?

Yes  No — If yes, please provide details:

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**How does your dog react to grooming (if applicable)?**

Calm  Nervous  Aggressive  Not Sure

**Does your dog have any areas they don't like being touched?**

No  Yes — Where? \_\_\_\_\_

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## Services You're Interested In

Dog Grooming

Dog Daycare

Dog Boarding

Nail Trimming

Bath & Brush

Puppy Grooming

Other: \_\_\_\_\_

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## Social Media & Photo Consent

We love sharing our happy clients on social media!

**Do we have permission to photograph your dog for use on our website, social media, or promotional materials?**

Yes, I give permission

No, I do not give permission

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## Acknowledgment

I certify that the information provided is accurate and complete. I understand that I am responsible for informing RUFF LIFE of any changes to my or my dog's information.

**Pet owner signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Ruff Life owner/s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_