Client Intake Form

CLIENT INFORMATION	
Name:	
Address:	City/State:
Phone:	Email:
EMERGENCY CONTACT DETAILS	
Name:	Relationship:
Phone:	

DOG INFORMATION	
Name:	Breed:
Sex: Male ◯ Female ◯	Weight:
Spayed/Neutered? ◯ Yes ◯ No	Colors/Markings:

2nd DOG INFORMATION	
Name:	Breed:
Sex: Male ◯ Female ◯	Weight:
Spayed/Neutered? ◯ Yes ◯ No	Colors/Markings:

DOG BEHAVIOR

Does your dog exhibit any destructive behaviors? ◯ Yes ◯ No
If yes, please elaborate:

Has your dog been to a daycare/boarding facility before? ◯ Yes ◯ No
If yes, please elaborate if there were any problems:

Has your dog shown aggressive behavior toward another person or dog? ◯ Yes ◯ No
If yes, please elaborate:

How does your dog behave around other dogs?
◯ Shy/fearful ◯ Playful/excited ◯ Doesn't care/ignores ◯ Others:

Does your dog have any allergies?
If yes, please specify:

Is your dog kennel trained? (does well in kennel) ◯ Yes ◯ No

VETERINARIAN INFORMATION

Name: