

ELITE K9 OBEDIENCE

Client Registration and Intake Form

Client Information:

Name: _____ Phone: _____

Email: _____

Address: _____

City: _____ Postal Code: _____

Emergency Contact Name: _____ Phone: _____

Please list any other person(s) allowed to pick up your dog:

Pet Information:

Name: _____ Breed: _____

Date of Birth (if known): _____

Sex: M __ F __

Fixed: Yes __ No __

Weight: _____ Colour: _____

Veterinary Office: _____ Phone: _____

Microchip: Yes __ No __

If yes, Microchip Number: _____

Allergies: _____

Feeding/Medication Instructions:

Food Aggression Issues? Yes __ No __ Unsure __

If yes, please provide additional details:

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Aggression issues with other animals? Yes No Unsure

If yes, please provide additional details:

Behaviour or temperament issues? Yes No Unsure

If yes, please provide additional details:

Does your pet try to escape enclosed areas? Yes No Unsure

If yes, please provide additional details:

Does your dog have issues with children? Yes No Unsure

If yes, please provide additional details:

Anything else you'd like us to know?

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Vaccinations:

Rabies Expiration Date (mm-dd-yyyy): _____

DPP Expiration Date (mm-dd-yyyy): _____

Bordatella Expiration Date (mm-dd-yyyy): _____

Please attach a copy of proof of vaccinations or email to info@elitek9obedience.ca.