

Client Application

Client Information

Owner Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Owner's Birth Date: _____ Email Address: _____

Driver's License Number: _____

Employer: _____

Spouse Name: _____ Phone: _____ Employer: _____

In Case of Emergency (other than self) Contact: _____

Address: _____ Phone: _____

Additional Individuals Authorized to Make Decisions for my Pet(s): _____

Would you like us to send you reminders and newsletters to your email address? Yes/ No

Could we take pictures of your pet to put in our computer system, website and Facebook? Yes/No

How many pets do you have in your household? _____ What species? _____

Please complete the Pet Information Section below for each pet.

How did you find out about us? Sign or Location/ Facebook/ Twitter/ Website/ Current Client/ Friend or Neighbor/
Whom may we thank?

Pet Information

Name: _____ Species: _____ Breed: _____ Color: _____

Markings: _____ Birthdate: _____ Gender: _____

Is this pet neutered? Yes/ No How old, in months, when this was performed? _____

Has this pet been bred? Yes/No If not yet, do you plan to breed? Yes/ No

How old was pet when you acquired? _____ years _____ months

Has this pet had other owners? Yes/ No If yes, how many? _____

How long has this pet lived with you? _____ years _____ months

Where did you get this pet? _____ Why did you choose this pet? _____

When was your pet last vaccinated? _____ When was your pet's last veterinary exam? _____

Does your pet have any medical problems? Yes/ No If yes, please specify _____

Is your pet on any medications? _____ What kind? _____

Which parasite preventions are used regularly? _____

Is your pet allergic to any medications or vaccines? _____

What food (brand name, amount and schedule) is your pet fed? _____

What treats does your pet get (brand name, amount, schedule)?

Does your pet get anything else to eat? Yes/ No If yes, what specifically? _____

How is your pet exercised/ maintained? Check all that apply:

- a. Allowed to run free, unsupervised
- b. Fenced/ kenneled/ run
- c. Leash walked
- d. Outside, unleashed but supervised
- e. Indoors only
- f. Outdoors only

How many walks or play sessions does your pet get daily? _____

How often is your pet groomed? _____

What % of the 24hr day does your pet spend inside/ outside? _____ % inside, _____ % outside

What is your pets living situation?

- a. Apartment
- b. Townhouse/ condominium
- c. House w/ small yard
- d. House w/ large yard
- e. Farm

Where does your pet stay when you are are not home? Check all that apply:

- a. Kennel Indoor
- b. Kennel Outdoor
- c. Free Roam Inside Home
- d. Free Roam Outside Home
- e. Pet Daycare

Where does your pet stay when you are out of town? _____

Do you frequently board, use a pet daycare, or have pet regularly groomed? Yes/No

Does your pet travel with you? Yes/ No

Describe transportation mode (s) and frequent destinations. _____

To the best of your knowledge, are there any litter mates affected with medical or behavioral problems? Yes/ No
If yes, what specifically? _____

Why did you choose this breed? _____ Why did you choose this pet from the litter? _____

Have you owned this breed before? Yes/ No

Have you owned a pet before? Dog/ Cat/ Bird/ Small Mammal/ Reptile/ Other/ No

What is your pet's obedience school/ training history?

- a. No school
- b. Puppy classes
- c. Group lessons – basic
- d. Group lessons – advanced
- e. Private trainer at house
- f. Private trainer – sent to trainer
- g. Agility
- h. Flyball
- i. Specialty training (hunting, herding, etc). Please specify _____

Age started lessons/ training? _____ years _____ months

How did perform in obedience school/ training? _____

Any obedience titles? Yes/ No

Do you have any of the following behavioral concerns (check all that apply):

- a. Hiding
- b. Trembling
- c. Salivation
- d. Panting
- e. Destructive behavior
- f. Running away, escaping enclosure
- g. Vocalizing
- h. Inappropriate elimination (accidents in the house or outside litterbox, etc)
- i. Reactions to noise (vacuum, hair dryer, weed eater, dump truck, siren, alarms, thunder, etc)
- j. Aggressive with other animals
- k. Aggressive with humans
- l. History of biting person or other pet

How often do undesirable behaviors occur?

- a. Daily
- b. Weekly
- c. Monthly
- d. Occasionally, Randomly

Describe the situation(s) in which each behavioral concern may occur. _____

Is your animal aggressive or may it bite (please describe)? _____

Do you have any of the following aging concerns (check all that apply):

- a. Locomotory/ ambulation/ movement/ stairs
- b. Appetite
- c. Bladder Control
- d. Bowel Control
- e. Vision
- f. Hearing
- g. Play Interactions
- h. Interactions with humans
- i. Interactions with other pets

j. Changes in sleep/ wake cycle

Please comment here if there is anything else we should know. _____