



**Playful
Paws Inc.**

Owner / Family Information:

Name (s):

Phone Number (s):

Address:

Email Address (s):

Permission to email: Yes No

Emergency Contact:

Name (s):

Phone Number (s):

Dogs Information – multiple dogs to go on separate sheets:

Name:

Breed:

Color:

Birthday (MM/DD/YY):

Gender:

Spay/Neuter:

Dog Food Used:

Allergies, Medical Issues, Behavioural Issues:

Vaccinations up to date? (Circle) Y / N

Veterinarian / Clinic:

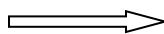
Please have your vet fax us confirmation of up to date Rabies, Distemper, Parvovirus & Bordetella vaccines. Your dog will be unable to enter the daycare/grooming/classes without vaccines

Services required: Please Check,

Daycare

Training

Grooming



Puppy Class

Basic Obedience

Beginner Fly Ball

Beginner Agility

Confidence Class

Private Sessions

Class Start Date:



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How did you hear about us?

How is your dog with other dogs and people?

Has your dog had any aggressive or reactive incidents or issues? If so, please explain the circumstances

Has your dog taken any Obedience or training classes? If so, where, when, and were they successfully completed?

Does your dog act aggressively when there is food or toys involved in a situation?

Is your dog vocal or excitable on a regular basis or by certain things?

Do you have any issues, problems, or behavioural problems with your dog?

Is there any behaviours or actions that your dog does not like?

Is there anything else we should be aware of with your dog?

Client Signature: _____

Date _____