



U.S. Canine
Dog Psychology and Behavior Modification
www.uscanine.com
770.682.5434

CLIENT/PET INFORMATION

HISTORY

Pet's Name _____ Breed _____
Date of Birth _____ Color _____
Gender _____ Spayed/Neutered? _____

VET

Clinic Name _____
Vet Name _____ Vet Phone _____
Vaccines Dhlppc ____ Rabies ____ Bordetella ____ Heartworm Prevention? Y/N

OWNER INFORMATION

Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Work Phone _____
Email _____

EMERGENCY CONTACT

Name _____
Phone _____

PET INFORMATION

Age of dog at adoption _____ Where did you acquire your dog? Shelter, Breeder? _____

If shelter or rescue adoption, please give any know history _____

Has your pet ever attended any training program? If so, describe. _____

What animals are currently in your household? List with age and gender. _____

Are you having behavior problems with your dog? If so, describe. _____

Any aggression problems? Has your dog ever growled or bitten anyone? If so, describe _____

Please describe your long-term goals for your dog. _____

Do you own a treadmill? _____

Does your dog experience any fears or phobias? Thunderstorms, etc _____

Does your dog have any medical conditions we should be aware of? _____

Are there any medications to be given daily? _____

ALL DOGS MUST BE FLEA AND TICK FREE. IF NECESSARY, TREATMENT WILL BE MADE AT THE OWNERS EXPENSE.

Bath Yes _____ No _____

X-Sm. \$20 Sm. \$25 Med. \$30 Lg. \$35 (Excessive Hair coat extra)

WAIVER

I, as owner of the above mentioned canine(s), release from liability U.S. Canine and Angie Woods, should my pet be sick or injured during the training/boarding period. There are inherit risk when participating in pack activities. I agree to be responsible for all cost incurred concerning my pet. We may visit the hospital of our choice. Furthermore, I have disclosed any aggressive tendencies that my pet may have.

Owner's Signature _____ Date _____