



**U.S. Canine**  
**Dog Psychology and Behavior Modification**  
[www.uscanine.com](http://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 \_\_\_\_\_