



TRAINING & BOARDING

270-839-6688

Client Intake

Owner Info:

Name: _____

Address: _____

Phone: _____ Alt _____

Email: _____

Emergency Contact:

Name: _____

Address: _____

Phone: _____ Alt _____

Pet Info:

Name: _____ M or F

Spayed/Neutered? Y / N

Age: _____ Weight: _____

Breed: _____

Color: _____

Name: _____ M or F

Spayed/Neutered? Y / N

Age: _____ Weight: _____

Breed: _____

Color: _____

Vet Info:

Hospital _____ Phone: _____

Veterinarian's name: _____

Medical Info:

Any health concerns? _____

Medical Restrictions? _____

Medications? Y / N Administered: Mouth / Injection / N/A

Please list: _____

Allergies? Y / N Reactions: _____

Flea/Tick Prevention: Y / N

History:

Where did you get your dog? _____

How long have you had them? _____

If you have not had him/her since puppy, what do you know about prior history? _____

Meals & Treats: ** If (a) meal(s) is/are requested, food must be provided by the client. **

Is your dog allowed to have treats? Y / N If yes, any treats to avoid? _____

Brand of food & type (dry/wet) _____

Meals per day _____ **Morning** **Afternoon** **Evening**

Behavior & Social:

Does your dog have any known behavioral problems? Y / N

If yes, explain: _____

Does your dog have separation anxiety? No Mild Severe

What does he/she do? _____

Is your dog house trained? Y / N

Use one word to describe your dog's temperament: _____

Any areas on his/her body that he/she does not like to be touched? Y / N _____

How does your dog react to new dogs they meet? _____

How does your dog play with other dogs? _____

Which describes your dog? **Dominant** or **Submissive** **Reserved** or **Outgoing**

How does your dog react to strangers? _____

Is your dog fearful or aggressive to any type of people? (Men/Women/Children/Hats/Hoodies/Etc.)

Does your dog have fears or aggressors with any size or breed of dog? _____

*Has your dog ever bitten a person? Y / N

*Has your dog ever bitten another dog? Y / N

If yes, explain: _____

Is your dog an escape risk? Y / N If yes, explain: _____

Does your dog jump on people? Y / N If yes, how do you stop it? _____

Does your dog have a favorite toy? _____

Is he/she possessive of toys? Y / N

Does your dog share water with other dogs? Y / N

Any problems? _____

Does your dog have anxiety? Y / N If yes, what? (Pacing, whining, circling, etc.) _____

How do you calm them down? _____

Exercise:

Do you walk your dog? Y / N How often? **Daily** **Weekly** **Rarely** Distance? _____

What other exercise does your dog receive? _____

How often? _____

Training:

Has your dog ever received training? Y / N

Are you interested in obedience training? Y / N

Does your dog know basic commands? Y / N _____

What is your dog's potty command? _____

What does your dog respond to better? **food toy play/affection other:** _____

**Please note that, Iron Sight K-9 reserves the right to refuse or cancel any participation to any dog, for any time and/or reason.

WAIVER of LIABILITY

I am the owner/agent of the above-named animal(s) and will not hold Iron Sight K-9 LLC, owner or staff responsible for any accident or injury or loss or death of my animal unless caused by gross negligence by the owner or staff of said company. I further understand that due to the way dogs interact with one another, minor cuts, scratches, and other injuries can occur even though the dogs are carefully supervised. While my animal(s) is/are in the care and custody of Iron Sight K-9 LLC., if I am unreachable in the event of an emergency, I hereby authorize the owners of Iron Sight K-9 LLC to seek immediate veterinary care for my animal(s). I understand that all costs in connection with veterinary or medical treatment shall be my responsibility. I certify that my animal(s) is/are in good health and have not harmed or shown any aggressive or threatening behavior towards any person or any other dog. I also agree to be financially responsible for undue personal or property damage caused by my animal(s).

I certify that, to the best of my knowledge, the information I have provided above is true.

Owner Signature Date: _____

Print Name

Iron Sight K-9 Date: _____