

# The Truth About Dogs, School For Dogs - Client Information

2154 North Oak Road, Plymouth, IN 46563 574-780-3302

Today's Date: \_\_\_\_\_

## Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_

Secondary Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMERGENCY CONTACT:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

## Pet(s) Information

### Pet 1

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male  
 Spayed  Neutered

Veterinarian Information: \_\_\_\_\_ Last heat cycle if not spayed: \_\_\_\_\_

Current on Vaccines: \_\_\_\_\_

**(Please Bring a Copy of vaccine history)**

What Flea and Tick Preventative do you use monthly? \_\_\_\_\_

What Heartworm Preventative do you use monthly? \_\_\_\_\_

Does your pet have any health concerns?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your pet taking any medications?  Yes  No

(Please list medication(s)) \_\_\_\_\_

Further information: \_\_\_\_\_

*(Specific personality/health information or if you answered No to any questions above, please explain here)*

### Pet 2 (if applicable)

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male  
 Spayed  Neutered

Veterinarian Information: \_\_\_\_\_ Last heat cycle if not spayed: \_\_\_\_\_

Current on Vaccines: \_\_\_\_\_

**(Please Bring a Copy of vaccine history)**

What Flea and Tick Preventative do you use monthly? \_\_\_\_\_

What Heartworm Preventative do you use monthly? \_\_\_\_\_

Does your pet have any health concerns?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your pet taking any medications?  Yes  No

(Please list medication(s)) \_\_\_\_\_

Further information: \_\_\_\_\_