

# Kasten's Dog Training Inc.

## OWNER INFORMATION

Pet Owner: (Last Name) \_\_\_\_\_, (First Name) \_\_\_\_\_

Physical Address/Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone numbers:

Home: \_\_\_\_\_ Cell # 1 \_\_\_\_\_ Cell #2 \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Veterinarian Phone #: \_\_\_\_\_

## Pet Information

Names / ages / breeds of my dog(s) staying for training, day care, or overnight boarding.

1) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

2) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

3) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Does your dog(s) have any medical conditions or any exercise restrictions we need to know about (Yes / No) If yes, please explain: \_\_\_\_\_

Does your dog(s) have any moles, sores, cuts, burns, or other skin abnormalities we need to know about? (Yes / No) If yes, describe: \_\_\_\_\_

Is your dog(s) accustomed to being around people/children? \_\_\_\_\_ other dogs? \_\_\_\_\_

Please describe your dog's overall Temperament: \_\_\_\_\_

Has your dog escaped or attempted to escape by digging / jumping or climbing fences? (Yes / No) Please Describe. \_\_\_\_\_

Is your dog(s) housebroken? (Yes / No) Crate trained? (Yes / No)

Is your dog(s) spayed or neutered? (Yes / No)

Do you take your dog(s) to doggie parks? (Yes / No) How often? \_\_\_\_\_

Has your dog(s) ever shown any aggressive behavior toward any other dog/ person? (Yes / No)

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

Daily meal time(s) am \_\_\_\_\_ pm \_\_\_\_\_ Snacks permitted? (Yes / No)

Amount fed at each meal (Dry food?) (Wet food?) (mixture of both?)

Medications \_\_\_\_\_ Allergies? \_\_\_\_\_

Quantity / Dose administered and how often? \_\_\_\_\_