

Pet's Name (please include last name) _____

The Happy Pet Caregiver _____



Obedience Training & Behavior Modification

Primary Pet Owner's Name _____

Application Date: _____

Pet's Name _____

Are you an existing client? _____

Have you met with a caregiver? _____

Do you have a preferred primary caregiver? Back-up? _____

Has your pet had any training (formal or informal): _____

Please fill out for each pet

Sex: M or F

Spayed or Neutered: Y or N

Approx. date of birth _____ Collar or I.D.: _____ Microchip Y or N:

Breed: _____ Color: _____ Physical Description: _____

General Health* _____ Temperament: _____

Immunizations _____ Rabies exp. Date _____

Kennel Cough Vaccination exp. Date: _____

Primary Veterinarian: _____ Tel. # _____

Does your pet have any illnesses or disabilities we should know about?

What are your obedience training concerns?

What are your behavior modification goals?

Food Allergies? Y or N. If yes, please explain _____

Does your pet get treats? Y or N: If yes, what? _____

Emergency

Contact: _____

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MEDICATIONS

If your pet takes medications/supplements please list them below

Name of med	Reason	When	Amount	How to administer

Is your pet completely housebroken/litter trained? Y or N. If not, please explain _____

GENERAL INFORMATION

Has your pet ever bitten? Y or N. If yes, who and when? _____

Please explain _____



- | | | | |
|------------------------------------|--------|-----------------------------------|--------|
| Is your pet food motivated? | Y or N | Is your pet food aggressive? | Y or N |
| Does your pet get along with dogs? | Y or N | Does your pet like cats? | Y or N |
| Is your pet hyperactive? | Y or N | Can your pet be picked up? | Y or N |
| Is your pet generally aggressive? | Y or N | Does your dog play bite? | Y or N |
| Does your pet like children? | Y or N | Does your dog fearful? | Y or N |
| Does your pet like women? | Y or N | Is your dog used for hunting? | Y or N |
| Is your dog used for guarding? | Y or N | Is your pet | |
| Does your pet like riding in cars? | Y or N | Does your pet like to be groomed? | Y or N |

Does your pet have the run (fly, hop, slither) of the house?

If no, please explain where they are allowed to go. _____

Anything else we should know: