

WAGGIN' TAILS ANIMAL INN CLIENT INFORMATION

OWNER INFORMATION:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Veterinarian Clinic : \_\_\_\_\_ Veterinarian Phone: \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

PET INFORMATION:

1st Pet Name: \_\_\_\_\_ 2nd Pet Name \_\_\_\_\_ 3rd Pet Name \_\_\_\_\_

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

Color: \_\_\_\_\_ Color: \_\_\_\_\_ Color: \_\_\_\_\_

Birth date: \_\_\_\_\_ Birth date: \_\_\_\_\_ Birth date: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Spayed \_\_\_\_\_ Neutered \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

List any pre-existing conditions, behavior problems or special needs for your pet(s):

\_\_\_\_\_

Is your pet on flea/tick prevention? \_\_\_\_\_ (we require all pets be on flea/tick prevention. If your pet is not, you can purchase a monthly dose from Waggin' Tails and we will apply it to your pet.)

Has your pet ever bitten anyone? If yes, explain. \_\_\_\_\_

Has your pet ever shown aggression? If yes, explain. \_\_\_\_\_

Is your pet afraid of storms, fireworks or other? \_\_\_\_\_

Does your pet like other dogs? \_\_\_\_\_

Does your dog try to climb fences, dig out, open gates, etc? \_\_\_\_\_

Do you want your dog to participate in playgroups with other dogs? \_\_\_\_\_