



Office Use:

Waiver	received
Photo Release	received
Vaccinations	received
Photo	taken

Dog and Owner Information

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

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

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

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

Cell Phone: \_\_\_\_\_

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

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

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

Birthdate or approx age: \_\_\_\_\_

Sex: M F Spayed/Neutered: Y N

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

Allergies: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Behavioral Concerns: \_\_\_\_\_

Other Concerns: \_\_\_\_\_

Are you interested in Training or Grooming? \_\_\_\_\_

What dog related services interest you? \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Veterinarian phone: \_\_\_\_\_

How did you hear about Blue Collar? Referral / Website / Social Media / Advertisement / Other

If referral, who gets credit? \_\_\_\_\_

For Daycare customers only:

When should we plan to see your dog at daycare?

Half Days		Whole Days	
Monday _____	Tuesday _____	Wednesday _____	Thursday _____
		Friday _____	

For Training customers only:

Training or Class interested in: \_\_\_\_\_

What training and/or behavior modification have you done so far with this dog? \_\_\_\_\_

\_\_\_\_\_

What goals do you have your for dog? \_\_\_\_\_

What do you like about your dog? \_\_\_\_\_

What is not so good about your dog? \_\_\_\_\_

How does your dog spend his/her day? \_\_\_\_\_

Dog's living environment:

Lives in a/an _____	Has a fenced yard _____
Allowed to run free _____	Only dog in household _____

Dog's personality: Is your dog...

Friendly to people _____	Aggressive to people _____
Friendly to other dogs _____	Aggressive to other dogs _____
Overly shy/nervous around people _____	Overly shy/nervous around other dogs _____
Jump on people _____	Use mouth play _____
Bark frequently _____	Lick frequently _____
Snap _____	Bite _____
Pull on leash _____	

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_