

Initial Visit: _____

Animal Name: _____

Owner Name: _____

DOB/Age: _____

Address: _____

Weight: _____

Vet.: _____

Home #: _____

Phone #: _____

Cell#: _____

Address: _____

Business#: _____

Health History: Vet referral Yes No Vet Consent Yes No Owner Waiver Yes No

Has your dog ever shown aggression or fear to other dogs, strangers, the water, toys, loud noises?

Has your dog ever swan before Yes No if yes what type of water source _____

Surgeries/Sickness/Medical Conditions/Areas of Concern:

Medications/Supplements: _____

Vaccinations: _____

Daily Exercise Regime: _____

Additional Information: _____

Date: _____

Owners Signature: _____