

Training Contract Additional Dogs

Please clearly print all information.

Dog's Name: _____ Breed: _____ Age: _____

Sex: Male Female Color: _____

Neutered/Spayed? Yes No

Is your pet in good health? Yes No

If NO, please give an explanation of any health problems your pet may have.

Is your pet current on all vaccinations, including Rabies, Distemper, and Bordetella? Yes No

If YES, please list the due date of each vaccine and provide a copy of vaccination records from your veterinarian:

Rabies: _____

Distemper: _____

Bordetella: _____

Brand of heartworm preventative your pet is on: _____

Brand of flea and tick preventative your pet is on: _____

Is your dog on any other medications? Yes No

If yes, please list medication(s): _____

Is your dog taking any supplements or vitamins? Yes No

If yes, please list supplements/vitamins: _____
