



Client Information:

- Full Name: _____
- Address: _____
- City, State, ZIP: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact Information:

- Emergency Contact Name: _____
- Phone Number: _____

Dog Information:

- Dog's Name: _____
- Breed: _____
- Age: _____
- Weight: _____
- Color/Markings: _____
- Sex: Male Female
- Spayed/Neutered: Yes No

Medical History:

- Veterinary Clinic Name: _____
- Vaccination Records Attached: Yes No
- Any Known Allergies or Medical Conditions: _____
- _____
- Current Medications: _____
- Medication instructions: _____

Behavioral Information:

- Primary Training Goals/Concerns:

- **Any Known Behavioral Issues (e.g., aggression, anxiety):**

- **Previous Training Experience (if any):**

Training Services Requested:

- Private In-Home Training
- Board and Train
- In-Home Evaluation
- Other: _____

Additional Information:

- **How did you hear about Unlock PAWSibilities?**

- **Is there anything specific you would like us to know about your dog?** _____

Client Agreement:

By signing below, you acknowledge that the information provided is accurate and complete to the best of your knowledge. You agree to comply with the policies and procedures of Unlock PAWSibilities and understand that deposit fees are non-refundable.

Client Name Printed: _____

Client Signature: _____ **Date:** _____