



## Riley's Angels Client Intake Form

Please complete this form before your first scheduled training. Send this form along with your dog's up-to-date vet and shot records via email to Stacey ([stacey@rileysangels.org](mailto:stacey@rileysangels.org)). Payment can be made with cash, check, or credit card. If you are paying the day of your scheduled meeting, please arrive 10 minutes early to complete the payment process.

Client Name: \_\_\_\_\_

Dog Name: \_\_\_\_\_

Dog Age: \_\_\_\_\_ Dog Breed: \_\_\_\_\_

Vet Name and City: \_\_\_\_\_

Dog Birthdate (if known): \_\_\_\_\_

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

City: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

Phone Number of Primary Owner: \_\_\_\_\_

Name and Phone number of others involved in training (if applicable): \_\_\_\_\_

\_\_\_\_\_

Email(s): \_\_\_\_\_



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1. Where Did you get your dog (breeder, shelter, pet store, etc.)?
2. How old was your dog when you adopted them?
3. Is your dog Microchipped?
4. List your dog's AKC or Canine Partner number (if you do not have either of these and will be taking the S.T.A.R. Puppy or CGC class, please obtain prior to the first class. Visit [AKC.org](http://AKC.org) and search *registration* if your dog is purebred with papers, or *Canine Partner* if your dog is mixed).
5. Do you intend to do therapy work with your dog? If so, explain your goals.
6. Has your dog had previous training? If so, note where you took them.
7. Does your dog have any chronic concerns/illnesses (allergies, injury, diabetes)?
8. How did you hear about Riley's Angels?