

M/F:

Breed:

Colour/Markings:

Average Weight:

Rescue/Breeders' Name:

Name of Veterinarian:

Training Client Information & Authorization Form

Owners Information:							
We want to know about you!							
Owner(s)' Name(s):							
Address:							
City:	Province:	Postal Code:					
Who should we call first?:	Phone Number:						
	Alt. Number:						
Who should we call next?:	Phone Number:						
	Alt. Number:						
Email(s):							
How did you hear about us? Is there someone we can thank for referring you?							
We want to get to know your pup(s)!							
Dog #1's Name:		Dog #2's Name:					

Colour/Markings:

Average Weight:

Spayed/Neutered?

Birthday:

M/F:

Breed:

Spayed/Neutered?

Birthday:

lbs

Name of Clinic:					
Address:					
Closest Intersection:					
Phone:			Fax:		
Health: In order to maintain a healthy and happy pack, we require all pups to be up to date on all applicable vaccinations, heartworm/flea/tick/parasite prevention and veterinary check ups. If you have any questions, concerns about our vaccination requirements, please contact us directly at the loft. I authorize my veterinarian to release all information regarding the status of vaccinations for my dog. The core vaccinations that are required by Balanced Paws Inc. are DHLPP and Rabies, plus the addition of Lepto and Bordetella where safe and applicable.					
				(initials)	
DHPP (Distemper/Hepatitis/Parvovirus/ Parainfluenza) vaccine : (expiry date)					
Rabies (1 or 3 year) expiry date:					
Bordatella (kennel cough) expiry date:					
Titers date: (if applicable)					
Is your dog on a flea/hear program?:	tworm/tick prev	vention			
Name of flea treatment pr	oduct:				
Last treatment date:					
General Informa	ition:				
Does your dog(s) have ar If yes, please give us deta					
Are there any medical/phy that would limit movemen Please describe:					
Does your dog have any s body areas? Please desc					
Behavioural Safe	tv				

Is your pup safe around children?		Yes?	No?
Is your pup safe around animals/other pets?		Yes?	No?
Is your pup crate trained?		Yes?	No?
Are there any peculiar habits or special instructions we should be aware of?			
Has your dog ever exhibited any level of aggression around food or toys?			
Has your dog ever exhibited any level of aggression when head or collar is being reached toward?			
Does your dog ever exhibit protective or "guarding" behaviour around yourself or other family members?			
Has your dog ever bitten anyone? (please give details):			
Has your dog ever bitten anotherer dog, or been part of a dog fight where puncture wounds have occurred?			
Are there any other habits that may be harmful to other animals or people?			
T			
Training			
Have you done any prior training with your dog? Please describe:			
What are your expectations of your dog?			
What commands does your dog know?			
What motivates your dog? (e.g. food, treats, toys, attention, etc)			
Does your dog exhibit heightened aggression on leash?			

Please provide any further information you think would be helpful to us in creating a healthy, safe positive and success-filled environment for your pup!!: