D-Lux Canine Training Academy

Client Information Form

OWNER/PET INFORMATION

Owner's Name: _____ Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Address: _____

Dog # 1 Name: _____ Breed: _____ Age: _____ Sex: _____

Spayed/Neutered: Y/N

Dog # 2 Name: _____ Breed: _____ Age: _____ Sex: _____

Spayed/Neutered: Y/N

MEDICAL INFORMATION

Veterinarian: _____ Phone: _____

Vaccine Record (name and date of vaccines): _____

_____

Any medical conditions and/or medication currently prescribed for the dog(s).: _____

_____

Any food allergies (owner or dog): _____

Which program are you interested in: Private / Group lesson

□ Socialization and Puppy Manners

□ Dog Manners and Obedience

□ Rally Obedience

□ Agility 101

□ Fun in the River (June – September)

□ In-House Boarding

□ Private lessons/other: _____

Owner's Signature: _____ Date: _____