

Elm Point Animal Hospital

Dog Obedience Program

Name: _____ Date: _____

Mailing Address: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Dog's Name: _____ Breed: _____ Sex: _____ Altered? Y N

DOB: _____ Acquired Animal From: _____ When? _____

Veterinarian: _____ Phone: _____

Current Vaccines are required for your pet to participate in Elm Point Animal Hospital training program. It is the Owner's responsibility to have appropriate vaccinations administered to the dog to protect him/her from any disease potentially transmitted in the boarding, training, and socializing setting.

Required Vaccinations

- Flu
- Rabies
- Bordetella
- Distemper

Emergency Contact: _____ Phone: _____

Does your dog interact well with other dogs? (Y N) Does your dog interact well with people outside of home? Y N

If no, please explain: _____

What concerns are you having with your dog? _____

Please list any/all training that you have done with your dog so far? _____

Please list any food allergies that your dog may have: _____

Sign: _____ Date _____ (If a minor, a parent or legal guardian must sign.)