

The Ruff House Consult

Client Info

Date: _____

Client Name: _____

Cell Phone: _____ Other phone: _____

Address: _____

Email Address: _____

Referred By: _____

Emergency Contact: _____

Vet Clinic: _____ Phone: _____

Dog Name: _____ DOB: _____ Breed: _____

Sex: M ___ F ___ Spayed/Neutered: ___ Yes ___ No Vaccinations Current: ___ Yes ___ No

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Other Individuals Authorized to pick up:

Behavioral Concerns: (Please check all that apply)

Potty Training?

Excessive Barking?

Marking?

Separation Anxiety?

Excessive Mounting?

Food Aggressive?

Mouthy?

Food Allergy?

Jumping?

Coprophagia?

Resource Guarding?

Weather Anxiety?

Digging?

Biter?

People Aggressive?

Dog Aggressive?

Other Issues the staff need to be aware of:
