



Client Intake Form



Thank you for choosing Camp Happy Hound. The information you provide here will be referred to throughout our time with your pet(s), so please be as thorough and detailed as possible while filling it out.

THE BASICS

FULL NAME

SECONDARY NAME

CELL PHONE

CELL PHONE

WORK PHONE

WORK PHONE

EMAIL

EMAIL





YOUR PET - PART ONE

BASICS	NAME		SEX	WEIGHT
	SPECIES	BREED		
	COLOR(S)/MARKINGS		DOB/AGE	
	NEUTERED/SPAYED	MICROCHIP #		
PERSONALITY + TEMPERAMENT	TELL US ABOUT YOUR PET			
	HOW DO THEY REACT TO OTHER ANIMALS, MEN, WOMEN, AND CHILDREN?			
	WHAT COMMANDS/MOTIONS DO THEY RESPOND TO?			
	DESCRIBE ANY BITING, SCRATCHING, JUMPING, RESOURCE GUARDING, BODY SENSITIVITIES, DOOR-BOLTING, AND ANY OTHER "BAD" HABITS			
MEDICAL HISTORY	MEDICAL CONDITIONS & ALLERGIES			
	MEDICATIONS & SUPPLEMENTS - LIST NAME, STRENGTH, HOW MUCH, HOW OFTEN, AND ADMINISTRATION INSTRUCTIONS			
	STATUS OF VACCINES, TITERS, FLEA & HEARTWORM PREVENTION			
	CURRENT VETERINARIAN			

