

PERFECT POOCH[®]



(480) 390-0258

Perfect Pooch Pet Training

Client Information Form

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit#
_____ AZ _____
City State Zip Code

Phone: _____ Email: _____

Dog's name: _____ Breed: _____ Sex: M or F Age: _____

	Yes	No
Is your dog current on all its shots?	<input type="checkbox"/>	<input type="checkbox"/>
Is your dog in good physical health?	<input type="checkbox"/>	<input type="checkbox"/>
Has your dog been spayed or neutered?	<input type="checkbox"/>	<input type="checkbox"/>
Is your dog a rescue/pound puppy?	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about Perfect Pooch?

List some Behaviors you would like to address:

I understand and agree that Perfect Pooch Pet Training shall not be liable for any injury or damage to any person, animal or property, which results from the training or the behavior of my pet. I also understand and agree that any child under the age of 16 must be accompanied by an adult. I further agree that Perfect Pooch Pet Training and it's employees shall not be held liable for any costs or expenses incurred in connection with any claim occurring as a result of my pet's participation in any of the programs.

Signature: _____