

PERFECT POOCH



(480) 390-0258

Perfect Pooch Pet Training

Client Information Form

Full Name: _____
Last First M.I. Date

Phone: _____ **Email Address:** _____

Address: _____
Street Apartment / Unit #

City State ZIP Code

Dog's Name: _____ **Breed:** _____ **Sex:** _____ **Age:** _____

Yes No

- Is your dog current on all its shots?
- Is your dog in good physical health?
- Has your dog been spayed or neutered?
- Is your dog a rescue/pound puppy?

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 its 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: _____