



Positive and Practical

www.micadogtraining.com

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Please forward completed form to:
VIP Boarding Kennel
(540) 882-9909 phone
(540) 882-4034 fax
info@vipboarding.com

CLIENT INFORMATION

Client Name: _____

Address: _____

Phone: _____

Email: _____

Referred by: _____

Date: _____

Dog Name: _____

Breed: _____

Age/Sex: _____

Neut/Spayed: _____

Description: _____

Other Pets in Household: _____

Other People in Household: _____

Occupation/Time spent outside home: _____

Veterinarian: _____

Med Probs/Allergies: _____

Brand of Food: _____

Times Fed: _____

Eat immed/finish? _____

Bones/chew toys: _____

Other treats/snacks: _____

Where/When was dog obtained? _____

Housebroken? _____

Crate-trained? _____

Sleep area? _____

% indoors/outdoors _____

Where kept when owner gone? _____

Previous training: Cues/methods used/who trained

Exercise Type/Frequency:

Has dog ever bitten or injured a person or animal? If so, describe:

Reason for Consultation:

Notes: