



**Keller Location**

5701 Park Vista Circle  
Keller, Texas 76244  
[info@dogsrulesort-keller.com](mailto:info@dogsrulesort-keller.com)  
[www.dogsrulesort-keller.com](http://www.dogsrulesort-keller.com)

**New Client Form**

**Owner's Information**

Name	Home Phone
Address	Work Phone
City	Cell Phone
State, Zip Code	Email Address
How did you hear about us: <input type="checkbox"/> Mailer <input type="checkbox"/> Phone Book <input type="checkbox"/> Billboard <input type="checkbox"/> Website <input type="checkbox"/> Networking Event <input type="checkbox"/> Saw Car/Van <input type="checkbox"/> Referral <input type="checkbox"/> Other	

**Emergency Contacts**

Veterinarian Name/Clinic Name	Emergency Contact
Phone Number	Home Phone
Address:	Cell Phone
City:	Email Address
State, Zip Code	Other's authorized to pick up your pet(s)

**Dog Information**

<b>Dog Name</b>	<b>Breed</b>
Color	Weight
Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed
Has your dog been in daycare before?   If yes, where?	
Has your dog been socialized with other dogs?	
Has your dog been around strangers?	
Has your dog ever been aggressive toward people?	
Is your dog aggressive toward other animals?	
Has your dog attended obedience training?	



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Has your dog ever been abused?
Does your dog need to be separated from his/her sibling when fed?
What brand of food do you feed your dog?
Feeding Instructions (Please circle) <b>Once Per Day</b> <input type="checkbox"/> AM <input type="checkbox"/> PM or <b>Twice Per Day</b>
Is your dog allowed to have dog biscuits?
Does your dog have any allergies? (Food, grass, etc.)
Please list any current medications:
Please list any current medical problems
Additional Comments
Please circle any that apply to your dog: Chews Escape Artist High Jumper Possessive of Toys Food Aggressive Stool Eater Digs Shy Possessive of Owner Picky Eater Separation Anxiety Over excessive barking Disobedient Soils in the house Fear of Thunderstorms

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