



CONFIDENTIAL CLIENT / PET APPLICATION

Pet name: _____ Age: _____ Weight: _____

Breed: _____ Gender: _____ Color: _____

Owner Name: _____ Phone (cell): _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Phone: _____

Primary Reason for seeing us: _____

How long has your pet had the problems you listed: _____

Have others helped them with the problem: _____

What else do we need to know?

What scares them? _____

Do they bite? _____ Do they do well around other animals? _____ Humans? _____ Kids? _____

Do they have incontinence? _____ Previous illness? _____

Meds they are on? _____

What are your expectations after the sessions: _____

Who can we **thank** for your being here (who referred you): _____

REQUIREMENTS FOR DOING SESSIONS

1. All animals must be current on all required vaccinations.
2. All animals must be clean and well-behaved.
3. All animals must be free of internal and external parasites (ex. ticks, fleas, hookworms etc.).
4. It's ok for them to be in their crates if that's less stressful for them.

I have read the requirements and understand Life Center's policies. Life Center agrees to exercise all due and reasonable care to prevent injury to my pet. However, in the event of injury, the Life Center shall not be held personally liable for such injury. I agree to pay all costs for any property damage or personal injury caused by my pet.

Owner Signature: _____ **Date:** _____