

## Training Contract Additional Dogs

**Please clearly print all information.**

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  Male  Female Color: \_\_\_\_\_

Neutered/Spayed?  Yes  No

Is your pet in good health?  Yes  No

If NO, please give an explanation of any health problems your pet may have.

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Is your pet current on all vaccinations, including Rabies, Distemper, and Bordetella?  Yes  No

If YES, please list the due date of each vaccine and provide a copy of vaccination records from your veterinarian:

Rabies: \_\_\_\_\_

Distemper: \_\_\_\_\_

Bordetella: \_\_\_\_\_

Brand of heartworm preventative your pet is on: \_\_\_\_\_

Brand of flea and tick preventative your pet is on: \_\_\_\_\_

Is your dog on any other medications?  Yes  No

If yes, please list medication(s): \_\_\_\_\_

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Is your dog taking any supplements or vitamins?  Yes  No

If yes, please list supplements/vitamins: \_\_\_\_\_

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