

# CLIENT REGISTRATION FORM

<b>DOG NAME:</b>	<b>COLOUR:</b>	<b>AGE</b>	
<b>BREED:</b>	<b>MARKINGS:</b>	<b>SEX</b>	
<b>REQUESTED START DATE:</b>	<b>PLEASE CIRCLE: MON/TUE/WED/THUR/FRI</b>	<b>AM/PM</b>	
<b>OWNERS DETAILS:</b>		<b>VET DETAILS:</b>	
Name:	Name of Vet		
Address:	Practice:		
	Address:		
Telephone:	Telephone:		
E-Mail:	E-Mail:		
Emergency Contact:			
<b>MEDICAL</b>			
Dressed or last season date if applicable:			
Date of Last vaccination:			
Current medication:			
State current medical conditions			
Previous medical conditions			
<b>DIETARY REQUIREMENTS</b>			
Current Food and Supplements			
Feeding Requirements incl treats			
Allergies			
<b>BEHAVIOURAL HABITS</b>			
Likes:	Dislikes:		
<i>Please confirm basic skills - these will be taught if required and used daily</i>			
SIT	STAY	COME	LIE DOWN
Advise on Social Skills with other dogs:			
Overall Temperament:			
Fear or Concerns:			
<b>DISCLAIMER</b>			
I confirm the information given above is true & correct and that my dog has no conditions medical or otherwise that would be detrimental to my dog, other dogs or those who will care for it. I give permission for K9 in cases of an emergency to offer first aid & contact my veterinary surgeon. for which I will reimburse full costs incurred by K9.			
K9 General Terms and Conditions of business shall apply.			
<b>Signed:</b>	<b>Legal owner</b>		
<b>Date:</b>			
<b>Please complete and return to K9 Health Centre, Denside, Hill of Findon, Portlethen, AB12 4SL.</b>			
<b>Email: admin@k9hydrocentre.com      Tel: 01224 782717</b>			