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| --- | --- |
| **Your Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Do you accept texts at this number?** |  |
| **Email:** |  |
| **Dog’s Name:** |  |
| **Dog’s DOB:** |  |
| **Gender:** |  |
| **Breed:** |  |
| **Spay/Neut/intact?** |  |
| **Vet:** |  |
| **How did you hear about Scooter Dog Training?** |  |
| **Other members of household involved in training:** |  |
| **Other animals in household:** |  |
| **Issues you are having:** |  |
| **Bite history date, situation and bite description:** |  |