



6450 Highland Dr
Park City, UT 84098

435-901-4349
PROFILE@activek9utah.com
www.activek9utah.com

Client Profile

Active K9 Rescue Foundation

Please fill out this form in its entirety & to the best of your knowledge.

DATE

General Information of Owner(s):

Primary Owner ~

First Name: Last Name:

Cell Phone #: Would you like to sign up for our PUPTEXT program? Yes No

Street Address:

City: State: ZIP:

Additional Phone #: E-mail Address:

Do you have a Facebook account? "LIKE" our Facebook page for an instant 15% off* FB/activek9utah

*15% off may be applied to a single product, class or service. Cannot be used with any other sales or discounts.

Additional Owner ~

Last Name: First Name:

Cell Phone #: E-mail Address:

Emergency Contact ~

Last Name: First Name:

Cell Phone #: E-mail Address:

I, the owner of the pets listed below, give Active K9 permission to contact the above individual with information regarding my pets listed below. I also give permission to the above individual to make decisions on my behalf pertaining to the below listed pets. Initial: _____

General Information of Household:

List family members - (include name & age)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List pets in household -

Name	Breed	Age	<input type="radio"/> Female	<input type="radio"/> Male	Spayed/Neutered/Unaltered
_____	_____	_____	<input type="radio"/>	<input type="radio"/>	Spayed/Neutered/Unaltered
_____	_____	_____	<input type="radio"/>	<input type="radio"/>	Spayed/Neutered/Unaltered
_____	_____	_____	<input type="radio"/>	<input type="radio"/>	Spayed/Neutered/Unaltered
_____	_____	_____	<input type="radio"/>	<input type="radio"/>	Spayed/Neutered/Unaltered

How did you hear about us?

If you have been given a referral card what is the Active Partner number?

For more information on our Active Partners program you can visit our website or talk with an Active K9 staff member.

What is the main reason you have chosen Active K9 for your dog?

General Information of Pet:

For more than one pet request an Additional Pet form.

Name:		Nickname/Call Name:	
Breed:			
Age or DOB:		Age Obtained:	
<input type="radio"/> Male <input type="radio"/> Female		Age when altered or planned to be altered?	
Is your dog micro-chipped?		<input type="radio"/> No <input type="radio"/> If Yes, what is the chip number?	
Is your dog registered with the county?		<input type="radio"/> No <input type="radio"/> If Yes, what is the number?	
Where did you get your dog from?(name of breeder, individual or rescue/shelter)			

Veterinary Information:

Company:		Regular Vet Name:	
City:	State:	Zip:	
Phone #:		Fax #:	
How often do you visit your vet?		<input type="radio"/> Annually for general health check up <input type="radio"/> Only incase of emergency	
How often do you vaccinate? Please explain.		<input type="radio"/> Annually <input type="radio"/> 3 year <input type="radio"/> Rabies Only <input type="radio"/> None- Holistic Exempt	

Be sure you are aware of Active K9's policy towards vaccinations by visiting the vaccination page of our website.

Preferred Vet in case of emergency:

Company:		Vet Name:	
While we take every precaution to keep your pets safe it is our procedure to have prior approval to seek medical care in cases of emergency from not only the above named vet but also from the vets listed in our Policy and Contract statement. We also ask that you designate a financial budget that we may refer to if the need should arise.			
Financial Budget:		<i>Initial of acknowledgement and approval.</i> _____	

Health & Grooming:

Does your dog have any preexisting medical conditions?		<input type="radio"/> No <input type="radio"/> If Yes, please explain.	
Does your dog have any food or skin allergies?		<input type="radio"/> No <input type="radio"/> If Yes, please explain.	
Has your dog been sick or displayed any ill symptoms within the last 30 days?		<input type="radio"/> No <input type="radio"/> If Yes, please explain.	
Is your dog on a heartworm preventative?		<input type="radio"/> No <input type="radio"/> If Yes, what type/brand?	
Does your dog take any medication?		<input type="radio"/> No <input type="radio"/> If Yes, please list below.	
Medication	Directions	Will you need us to administer this medicine?	
		<input type="radio"/> No <input type="radio"/> Yes	
		<input type="radio"/> No <input type="radio"/> Yes	
		<input type="radio"/> No <input type="radio"/> Yes	
		<input type="radio"/> No <input type="radio"/> Yes	

Health & Grooming: (continued)

Does your dog like to be brushed or handled?

Where is your dogs favorite spot to be pet?

Has your dog ever been professionally groomed?

How often does you dog get bathed?

How often do your dogs nails get clipped? Can you clip them yourself? Yes If No, please explain.

Does your dog have any sensitive areas on his/her body? No If Yes, please explain.

Feeding:

What do you feed your dog? Kibble/Dry Food Canned Homemade Raw Mixed
Please Explain

How many times per day do you feed?

How much per feeding?

What is your dogs favorite treat/snack?

Can your dog have treats while in the care of Active K9? No Yes

How often does your dog use the bathroom? 1-2 3-4 5-6 No Idea

Do you have any concerns or questions about your dogs diet? No If Yes, please explain.

Behavior:

Is your dog crate trained?* No Yes

Is your dog allowed on the furniture? No Yes

Is your dog potty trained?* No Yes

Has your dog ever jumped over or climbed a fence? No If Yes, how high?

If your dog has something in this mouth will he/she drop it if asked or allow you to remove it from his/her mouth?
 No If Yes, please explain.

What is your dogs favorite toy?

Has your dog ever shared his/her food or toys with other animals? No Yes

What is your dogs behavior around dogs, puppies?

Does your dog play off-leash with other dogs? No Yes

Do you take your dog to the public dog park(s)? No Yes

What is your dogs behavior around cats and other small animals?*

What is your dogs behavior around livestock, wildlife and other large animals?*

Behavior: (continued)

What is your dogs behavior around children and adults?

What is your dogs behavior around strangers in your home or yard?

Is your dog afraid/fearful of thunderstorms? No If Yes, please explain.

Does your dog jump on you, friends or strangers? No Yes

Does your dog bark "a lot"? No Yes

Has your dog ever growled at a person before? No If Yes, please explain.

Has your dog ever bitten a person or animal before? No If Yes, please explain.

Commands:

<i>Behavior</i>	<i>Command/Cue</i>	<i>How well will your dog preform this task?</i>
Name (look at you)		<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never
Sit		<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never
Stay		<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never
Down		<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never
Come		<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never
Drop It		<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never
Heel		<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never
Fetch		<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never
Crate		<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never
Potty		<input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never

Are there any other specific behaviors that you would like to work on?

Any other comments or history you would like to share with us to make this a fun safe time for you and your pet?

Policy & Contract:

By adding my signature (either written or digital) below, I acknowledge that I have read and agree to Active K9's Policy & Contract. To view our Policy & Contract you may go to www.activek9utah.com/contract.html or ask a Active K9 staff member for a copy.

Guardian/Owner's Signature: _____ Date: _____

Printed Name: _____ Canine Name(s): _____