

Moving Mountains Dog Training LLC.

Customer Information Form

Owner(s) Name: _____

Date: _____

Address: _____

Phone 1: _____

Phone 2: _____

Email: _____

First Dog

Name: _____ Age: _____

Breed: _____ Color: _____

Sex: _____ Spayed/Neutered (yes/no): _____

Weight: _____ Approximate birthdate: _____

Second Dog

Name: _____ Age: _____

Breed: _____ Color: _____

Sex: _____ Spayed/Neutered (yes/no): _____

Weight: _____ Approximate Birthdate: _____

Health Information

Primary Veterinary Hospital: _____

Vet Phone: _____ Vet Fax: _____

Date of Last Rabies: _____ Expiration: _____

Date of Last DHPP: _____ Expiration: _____

Date of Last Bordetella: _____ Expiration: _____

Emergency Contact Info

Emergency contact name and relationship to owner: _____

Emergency contact phone: _____

Emergency contact email: _____