

Lara's Canine Solutions, Inc.

Evaluation Date: _____

Additional Family (including Pets):

Name: _____

Address: _____

E Mail: _____

Home Phone: _____

Work #: _____

Cell #: _____

Referred By: _____

Vet's Name: _____

Dog's Name: _____ **Age:** _____ **Weight:** _____ **Color:** _____

Breed: _____ **Sex:** M / F **Altered?** Y / N _____

DATE

Acquired When: _____ **Acquired Where:** _____

Compatible w/other dogs? ___ **puppies?** ___ **older dogs?** ___ **males?** ___ **females?** ___

Explain: _____

Has your dog ever been in a fight? ___ **Injuries?** ___ **Explain:** _____

Feeding Schedule: morn _____ cups / eve _____ cups / other _____ cups

Special Feeding Instructions: _____

Vaccinations: Rabies Exp. Date _____ Distemper Exp. Date _____

Undesirable Behaviors: _____

Goals: _____

Medical History: (Any medical problems with the dog, owner, or related persons that will affect the training. Also, chronic health problems with the dog.)

Date: _____ **Signature:** _____