

STEEPLECHASE ANIMAL BEHAVIOR CENTER

New Client Information

Owner/Agent: _____

Address: _____

Primary Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Occupation: _____

Co-Owner: _____

Primary Phone #: _____

Cell Phone #: _____

Occupation: _____

Email Address: _____

May we send you reminders and other information via email?

yes, via email no, I prefer regular mail

How did you hear about us? _____

Pet's Name: _____

Birth Date: _____

Species: Dog Cat

Sex: Male Neutered? Female Spayed?

Microchip? yes No Pet Insurance? Yes No

Breed: _____ Color: _____

Regular Vet/Hospital Name _____

When did your pet last receive its vaccines?

Rabies Dist/Parvo Kennel Cough

Other Pets in Household? Dogs _____ Cats _____

Names, breeds, Sex, Age, etc. _____

Your Pet is: Indoors Only Outdoors Only In & Out

Outdoors Pet is: Loose Leashed Fenced Other

Is Your Pet Aggressive to: People Other Dogs/Cats

Is Your Pet: Anxious/Fearful Chewing/Destructive

In consideration of the acceptance of this registration, and the holding of classes or private lessons and the opportunity to have the dog participate, I agree to hold Steeplechase Veterinary Hospital & Animal Behavior Center, It's employees, and the premises upon which the classes are to be held, harmless from any claim for the loss or injury which may be alleged to have been caused directly, or indirectly to any person or thing by any act of dog or person while in or upon the premises, grounds, or near an entrance thereto, or any off-site training premise or location. I personally assume all responsibility and liability for any such claim. I further agree to hold the aforementioned parties harmless from any claim of loss of this dog by disappearance, theft, death, or injury. I hereby assume sole responsibility for and agree to indemnify and save the aforementioned parties harmless from, any and all loss and expenses, including legal fees, by reason of the liability imposed by law upon an of the aforementioned parties for damage and expenses.

Owner/Agent Signature _____ Date _____

Owner/Agent Printed Name _____