

YAY Dog! New Client Intake Form

* Required

Today's Date

Your Name *

First, Last

Your Dog's Name

Contact Number *

(xxx)xxx-xxxx

Address

House Number/Street, City, Zip

Email

Contact Preference

	I prefer this	Ok, but not ideal	Do not contact me this way
Phone Call	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text Message	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snail Mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is your dog's rabies vaccination up to date?

Please make sure your dog has its rabies shot and bring current vaccination record to our first meeting

- Yes
 No

Dog's Age

Approximate is OK

How long have you had your dog?

select the closest approximate answer

- less than a year
 about a year
 2-4 years
 5 years or more

How did you find your dog?

How healthy is your dog?

	None	Mild	Moderate	Severe
Age-related symptoms (e.g., arthritis, incontinence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Illness (e.g. Lyme)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Temporary Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Temporary Injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Permanent Injury or Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive or Mental Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What brand of food do you feed your dog?**Who lives in the household?**

Adult Women, # Adult Men, # Children (and age of each child), other pets (species and age of each pet)

What outcome do you envision for you and your dog from our work together?

List 1 or 2 behaviors. Please be specific. (Ex. "stop jumping on visitors" instead of "behavioral changes.")

Has your dog ever bitten someone?

- No
- Yes, a person
- Yes, an animal
- Yes, both a person and an animal

How did you hear about me?

- Google
- Oliver's Collar
- Other End of the Leash
- Barnes Supply Co.
- Paws at the Corner
- Facebook

- Vet Referral
- Friend Referral
- Other:

Please list 1-3 questions you would like me to answer

What day/time would you be available for a YAY Dog appointment?

check any that apply

	M	T	W	Th	F	Sa	Su
8-12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12-5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
after 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit

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