

Blue Ribbon Kennels

Jackson, Mississippi 601.981.0183

New Client Information

Client Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Home Phone: _____ Work

Phone: _____

Mobile: _____ Email: _____

Anticipated Start Date: _____ Actual Start Date: _____

Type of Training Requested: (Circle)

Hunting Retriever Obedience Puppy Program

DOG INFORMATION

Dog's Registered Name: _____

Dog's Call Name: _____ Registration Number: _____

Breed: _____ Sex: Male or Female. D.O.B.: _____

Is the dog tattooed, microchipped, or branded? Yes or No

Tattoo, Microchip, or Brand Name or #: _____

Does Dog have any pre-existing injury or illness? Yes or No

If so please state the specific injury or illness: _____

Medications taken for injury or illness: _____

QUICK CHECK LIST OF ITEMS

____ Client Information Sheet Filled Out

____ Training Contract Signed and Dated

____ First Month's Payment Paid

____ Dog's Shot Records Brought

____ Heartworm Preventative and Flea/Tick Preventative

____ Medications for Pre-existing Injury/Illness

EMERGENCY INFORMATION

Name of person to call in case of emergency: _____

Relation of person to owner of this dog: _____

Number to call in case of

emergency: _____

Vet. To call for emergency if close by: _____

Signature of Owner: _____ Date: _____

Signature of Witness: _____ Date: _____