



PAWSITIVELY FIT CLUB

OWNER CONSENT FORM

Client Information:

Owner Name _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
E-Mail _____

Pet Information:

Pets Name: _____
Breed _____ Age _____ Color _____ Weight _____
Female _____ Male _____ Spayed/Castrated _____
Primary Veterinarian/Practice: _____
Current Medications/Supplements: _____
When does your dog eat (Time of day)? AM _____ PM _____ Other _____

Additional Information on Behavior: If yes to any questions below please describe in comment box

			Comments
Dog Aggression	Yes	No	
Food Aggression	Yes	No	
Toy Possessive	Yes	No	
People Aggression	Yes	No	
Ever been swimming	Yes	No	
Had Professional Dog Training	Yes	No	
Been to doggy daycare	Yes	No	

Past Medical Problems: _____

Activity Level: _____

Please describe any other emotional or behavioral aspects that you would like us to be aware of so that we can better understand your pet's boundaries and help them to be as comfortable and confident as possible during our session together:

I am the owner or agent for the above-described animal and have the authority to execute this consent, and certify that I am eighteen years of age or over. I have read and fully understand the terms and condition and hereby consent to participate in the fitness program. I realize the results cannot be guaranteed.

Signature

Date

Account #

