Thank you for choosing The Defiant Dog Training and Rehabilitation. We strive to provide the very best for your pet. Below are a few areas for you to fill out in order to get to know you and your pup a little better.

Name: Phone Number:

Email address:

Street Address: City: State: Zip:

Pet Name: DOB/Age: Breed:

Veterinarian Name: Veterinarian Phone:

Vaccination Records: (State requires the vaccines below to be current through entire stay)

Rabies:

DHLPP:

Bordatella:

We also require your dog to be on flea/tick preventative. What flea/tick preventative do you use? How often do you apply it?

How did you hear about us?

What is your end goal for your dog and how they behave?

Below are common behaviors owners need help with: (Check any that apply to you)

 Jumping

 Barking

 Pulling on the leash

 Door dashing

 Counter surfing

 Basic manners

 House training

 Basic commands

 Play biting

 Food aggression

 People aggression

 Dog aggression

List any additional below: