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: