



**CENTRAL FLORIDA
K-9**

K-9 Name: _____

Please Print

Owner:					
Street Address:		City:	Zip		
Phone: Main		Cell:	Emergency Contact: Name/ Number		
Email:		Dog's Age:	Vaccination Record? No Yes Attach		
Pet's Breed:	Weight:	Color:	DOB:		
Male: _____	Female: _____	Spayed/Neutered: Yes _____ No _____		Next Heat Cycle: _____	
Known Medical Issues:		Aggression Issues: (Circle One) YES NO		Type of Aggression: (Circle each) Fear True Food Dog People	
Vet: Name		Address		Phone	
Microchip #	How did you hear about us?				
	CFK9 Website	FaceBook	Google Search		
	Paws in the Park	Home and Garden Show	TVNews	Mail	Instagram
	Print Ad (Where?) _____		Referred by: _____	Other: _____	

If B/T, I would like the following trained while my dog is at CFK9, one being the most important:

- | | | |
|----------|----------|----------|
| 1 | 4 | 7 |
| 2 | 5 | 8 |
| 3 | 6 | 9 |

Initials	Check-In	Check-Out	Paid	Items/Training Prchased	Balance Due/at Pick up