



Supporting the programs of the  
*Animal Rescue League of Boston*

Your Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_.

If you are a new client, how did you hear about us? \_\_\_\_\_

What is the best phone number to call during the appointment? \_\_\_\_\_

What is your current address? \_\_\_\_\_

When did you adopt your pet? \_\_\_\_\_

What is your plan for house training? Would you like us to discuss house-training recommendations with you?

\_\_\_\_\_  
\_\_\_\_\_

Do you have a plan for obedience training? \_\_\_\_\_

\_\_\_\_\_

What are you feeding your pet? How often and amount.

\_\_\_\_\_

What is your current activity level/amount of exercise with your puppy?

\_\_\_\_\_

Are you familiar with heartworm disease and prevention? \_\_\_\_\_

\_\_\_\_\_

Are you familiar with flea and tick prevention? \_\_\_\_\_

\_\_\_\_\_

Are you familiar with the puppy vaccine schedule? (How often and how old they must be to complete the series)

\_\_\_\_\_

Would you like to discuss spay/neuter? \_\_\_\_\_

\_\_\_\_\_