K9 Cardio Fitness LLC

Get Started With US

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	MOE	ILLE T	GYM	

Date: Get	Started With US	
Client's Name:	Pet's Name:	BOBILE CYN
Email Address:	Pet's Age:	
Phone Number:	Pet's Breed:	
	Pet's Weight:	
Veterinarian Name:	Nervous / Anxiety	1 3 4 5
	Treat Motivated	1 2 3 4 5
Vet Phone Number:	- Listens to Commands	S 1 2 3 4 5
	eartworm prevention, flea & t or any other Medications?	ick
	Injuries, Disabilities, Allergies, t information we may need to	
I give K9 Cardio Fitness LLC consen for use on their webs O Yes	nt to use any pictures or vid site, social media, and/or ad O	lvertising.
☐ I understand any pictures and/or video produced	d by K9 Cardio Fitness LLC i	s the sole property of K9 Cardio Fitness LL
☐ My dog's nails are properly groomed and do not	excessively drag on the gro	ound.
☐ I confirm that, to the best of my knowledge, my cany history of injuries or surgeries, I should const	_	
☐ I declare that the info I've provided is accurate a	ind complete.	Initials*