



FAMILY DOG TRAINING & BEHAVIOR CONSULTING

Jill Haley Rose, CTC, CPDT-KA
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Date: _____

New Puppy Consult Form

Owner's Name:

Occupation:

Children and ages:

Other Household Members:

Address:

City:

State:

Zip:

Phone:

Alternate Phone:

Email:

Dog's Name:

Breed:

Sex:

Neutered/Spayed?

Age:

How long dog has lived in current home?

Other dogs in home?

If yes, list names, breeds, ages, and sex:

Other animals in home?

If yes, what kind of animals?

Once you have completed this form please mail to:

**Paws of Nature
PO Box 1462
Westfield, MA 01086-1462**

Once received, we will get back to you soon to set up an appointment day and time.