



# BITE HISTORY

Please fill out these questions with as much detail as possible and submit three days before the lesson if at all possible.

**\*\*\*PLEASE MAKE SURE TO ATTACH VACCINE RECORDS FROM VET\*\*\***

<b>DOGS NAME</b>	<b>OWNERS NAME</b>
<b>EMERGENCY CONTACT</b>	<b>OWNERS ADDRESS</b>
<b>EMAIL ADDRESS</b>	<b>OWNERS PHONE #</b>

**HOW DID YOU HEAR ABOUT US?**



OR

**WORD OF MOUTH**

**TEXT FRIENDLY PHONE #**



**NAME YOUR REFERRAL TO SAVE THEM \$\$**



## BITE HISTORY

**DOG'S BREED**

**DOG'S AGE**

**DOG'S GENDER**

**DOES YOUR DOG NEED A MUZZLE  
AT A VET/GROOMER VISIT?**

**HAS YOUR DOG EVER  
BITTEN A PERSON?**

**DID THE DOG GROWL OR  
SNARL BEFORE THE BITE?**

**IF SO, EXPLAIN THE BITE IN  
DETAIL:**

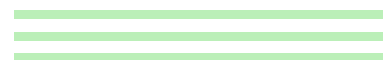
**WHERE WAS THE BITE?**

**HOW MANY BITES TOTAL?**

**WHAT WERE THE CIRCUMSTANCES  
BEFORE THE BITE?**

**HOW DEEP WAS THE BITE?**

**DID THE BITE REQUIRE  
MEDICAL ATTENTION?**





## BITE HISTORY

Did the bite result in legal action? If so please explain.

Please use this space to provide all relevant information and detail:

