



Name _____ Home # _____

Mailing Address _____

Cell #1 _____ Cell #2 _____ Email _____

Emergency contact name _____ Phone # _____

Veterinarian name _____ Phone # _____

Pet's name _____ Breed _____ Color _____

Identifying marks _____ Age _____

Please Circle: Male / Female Spayed / Neutered / Not Altered

Feeding Schedule: AM / Noon / PM Amount per feeding in measuring cups _____
My dog has free choice

Brand and type of food _____ Is it prescribed by vet? Yes / No

Existing conditions / concerns _____

Medications: Yes / No What kind? _____

Dosage _____ Times per day _____

Special Instructions: _____

When your dog is around the following he / she: (please circle any that apply)

Food: Territorial Okay with sharing Not sure Other _____

Toys: Territorial Okay with sharing Not sure Other _____

Dogs: Social Shy Nervous Assertive Playful
Prefers to be alone Other _____

People: Social Shy Nervous Assertive Playful
Prefers to be alone Other _____

Kids: Social Shy Nervous Assertive Playful
Prefers to be alone Other _____

Cats: Social Playful Curious Assertive/Aggressive
Will kill cats Other _____

Has your dog ever bitten a human or animal? Yes / No Please explain if yes: _____

Is your dog: Primarily Indoors / Outdoors Crate trained? Yes / No Housebroken? Yes / No

Leash trained? Yes / No

Does he / she: Know basic obedience commands and obey them? Yes / No

Show separation anxiety when you are away? Yes / No

Does your dog dig under, climb, or jump over fences? Yes / No Please explain if yes: _____

Are you leaving anything with your pet? Yes / No Please explain: _____

