

Name: _____ Phone: (home): _____ (work): _____
 (cell): _____ Email address (please print legibly) _____
 Mailing Address: _____ City: _____ Zip _____
 Dogs Name: _____ Breed: _____ Age: _____

MEDICAL INFORMATION:

Veterinarian: _____ Phone: _____

Date of Last Vaccinations: _____ Your dog's vaccinations must be current or he is at risk for contagious diseases.

If you are unsure of your dogs medical records check with your veterinarian

Age when obtained: _____ Sex: Male/Female _____ Neutered/Spayed: _____

Current Health Issues/Medications? _____

Past Health Issues/Treatments? _____

Does your dog have any allergies? _____ Food _____ Medications _____ Other _____

ENVIRONMENT:

Are you home most of the day? _____ Is your dog alone most of the day? _____

Where is your dog kept while you are out? _____ Does your dog use a "doggy door" _____

Do you have other dogs? _____ Please list names, ages, and whether they are spayed or neutered _____

Who does your dog spend the most time with, you or your dogs? _____

What brand and type of food do you feed your dog? _____ Dry ___ Wet ___ Soft/Moist ___ Other _____

Do you feed your dog before or after you eat? _____ times per day _____ Do you leave food down all the time? _____

What kind of treats/chewies do you feed your dog? _____

Do you have and use a kennel crate? _____ Where does your dog sleep at night? _____

BEHAVIOR AND TRAINING:

Have you attended a training class with any other dog? _____ What kind of training equipment or techniques did you use? _____

What are your dogs favorite toys? _____

What kind of games do you play with your dog? _____

Which family member does your dog play these games with the most? _____

Where are your dogs toys kept? _____

Can you brush or comb your dog? _____ Can you cut his nails? _____

Is your dog confined to a fenced yard? _____ Can he get out? _____

Has your dog ever growled at you or other family members? _____ Has he ever bitten you or others? _____

Please explain: _____

Check off any behavior that may apply to your dog:

- friendly to other dogs _____
- not friendly to other dogs _____
- friendly to people _____
- not friendly to people _____
- won't listen to me _____
- climbs fences (escape artist) _____
- chases cars, kids, etc. _____
- scared of loud noises _____
- chewing problem _____
- play biting _____
- shyness _____

- hyperactive _____
- fighting _____
- runs away _____
- diggs _____
- aggressive _____
- barks, howls, whines _____
- jumps on people _____
- house training problem _____
- guards food bowl or toys _____
- other _____

Why did you get this dog? _____

Which family members take care of your dog? _____

How often do you walk/your dog? Every day? _____ Several times a week? _____ Occasionally? _____

Does your dog enjoy rides in the car? _____ Where do you take him/her? _____

List three things you like about your dog

1. _____
2. _____
3. _____

List 3 goals (or more) you would like to accomplish in order of priority:

1. _____
2. _____
3. _____

Please list names and ages of everyone who lives in your house:

Is there anything else you would like us to know about your dog?