



DOG GENERAL INFORMATION

Dog's name: _____

How long have you owned your dog? _____

Did you purchase or adopt the dog? _____

Where did you get your dog? _____

Has your dog ever attended dog day care? Yes ___ No ___

Has your dog ever been boarded? Yes ___ No ___

Your Household:

No. of people living there: _____

Male/Female adults: _____

Male/Female children: _____

How does your dog interact with children? _____

Are there any other animals in the household? _____

How does your dog interact with other animals in the house? _____

Health:

Is your dog on flea prevention? Yes ___ No ___

Has your dog been diagnosed with hip dysplasia? Yes ___ No ___

List any current or chronic medical problems:

List any medications your dog is currently taking:

Does these need to be given while your dog is out our facility? Yes ___ No ___

Are there any allergies or food sensitivities? Yes ___ No ___

What brand of food do you use? _____

How often and how much is your dog fed? _____

Dog Behavior:

Does your dog have regular interaction with other dogs? Yes ___ No ___

How does your pet act with other dogs or strangers coming into your home or yard?

Does your dog bark or growl at other people or other dogs? Yes ___ No ___

Any fears or dislikes? Yes ___ No ___

If yes, please describe:

Are there certain breeds you dog does not interact well with?

How do they react with puppies?

Describe your dog's daily routine when you are not home:

Does your dog have separation anxiety when left alone? Yes ___ No ___

Has your dog ever been destructive in the house? Yes ___ No ___

Does your dog stay in a kennel, cage, garage, backyard, or free run of the house?

Kennel ___ Cage ___ Garage ___ Backyard ___ Free Run of House ___

Do they have a dog door for outside access? Yes ___ No ___

How often does your dog go for outside walks? _____

Is this on lead or off lead? _____

How does your dog with other dogs approaching during walks? _____

Does your dog jump on people? Yes ___ No ___

Has your dog ever bitten someone? Yes ___ No ___

If yes, describe circumstances:

Has your dog ever been into a fight with other dogs? Yes ___ No ___

If yes, describe circumstance:

Has your dog been known to jump over fences or break out of kennels? Yes ___ No ___

Is your dog frightened or nervous with thunderstorms or any other noises? Yes ___ No ___

Has your dog ever growled or snapped at someone for taking away their toys or food? Yes ___ No ___

Does your dog share food/toys with other dogs? Yes ___ No ___

List favorite toys or games:

What kinds of dogs does your dog like to play with? Male or female preference?

What type of exercise is your dog used to?

What are your dog's favorite petting spots?

Obedience Training:

Has your dog ever had formal obedience training: Yes ___ No ___

If yes, how long ago? _____

What commands does your dog know?

Are these verbal or hand commands? Verbal ___ Hand Commands ___

Does your dog have a bathroom command? Yes ___ No ___

Does your dog have a quiet command? Yes ____ No ____

Is your dog crate trained? Yes ____ No ____

Where does your dog sleep at night?

Are they allowed on furniture? Yes ____ No ____

Is there any other information about your dog that you would like to share?
