

DOG INFORMATION

DATE: _____ Customer name & ID #: _____

NAME: _____

AGE: _____

BREED: _____ COLOR: _____

WEIGHT: _____ SEX: _____

SPAYED OR NEUTERED? _____

Does this pet take any MEDICATIONS? Y / N *If yes describe below.*

Does this pet have any HEALTH PROBLEMS? Y / N *If yes describe below.*

Does this pet have ID TAGS or a MICROCHIP implant? _____

Is this pet current VACCINATIONS? Y / N

Does this pet usually eat normally when you are away? Y / N _____

Has this dog ever bitten anyone? Y / N *If yes describe below.*

Is this dog usually shy with strangers? Y / N _____

Is this an indoor or outdoor dog? IN OUT BOTH
If BOTH describe in detail the desired turn out schedule including weather conditions or other factors that influence turn out.

Is this dog kennel trained? Y / N _____

Does this dog currently stay in it's kennel? Y / N

Is this dog trained to walk on a leash? Y / N

Would you like this dog walked or turned out in the yard?

Activity off of your property requires a copy of current vaccination records.

Do you use a flea preventative? Y / N WHAT TYPE? _____

Describe daily feeding routine below:
Include the following: location of dog food, favorite treats and toys.

Includ explanations to above questions and any information you feel is important to your pets care below and on the back of this form.

Please list the dogs favorite hiding places:

