

Client Name: _____ Dog's Name: _____

**Please answer the following brief questionnaire about your DOG.
It will help us to better care for him/her.**

Age:		Neutered / Spayed /Intact	
Breed:		Rabies tag #:	
Color/Markings:		Date rabies shot expires:	
Sex: M or F			

Feeding

What kind of food(s) does your dog eat? _____

How often/when? _____ Quantity? _____

Special feeding instructions, including where it is kept:

Where do you keep treats, if allowed?

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Medication

Is your dog on any medications that must be administered? YES / NO

If yes, please describe any medication procedures and the name and dosage of the medication, as well as where it is kept.

Walks

Does your dog need a special harness or prong collar for walks? YES / NO

Where do you keep your collar and leash?

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Play Time

Does your dog have favorite toys? YES / NO If yes, please describe.

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Does your dog have a favorite game? YES / NO If yes, please describe.

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Behavior

Friendly with other dogs	Y/N	Prone to digging	Y/N
Friendly with new adults	Y/N	Prone to chewing	Y/N
Friendly with children	Y/N	Will not eat when stressed	Y/N
Must stay on leash during walks	Y/N	Fearful of loud noises	Y/N
Allowed to have treats	Y/N	Likes to be petted	Y/N
Obeys basic commands	Y/N	Likes to be held	Y/N
Chases squirrels, cats, etc. (strong prey drive)	Y/N	Aggressive on a leash (people or other dogs)	Y/N
<i>If answer is YES to any of the 3 questions below, please describe.*</i>			
<i>Has bitten people *</i>		<i>Y/N</i>	
<i>Has bitten other dogs *</i>		<i>Y/N</i>	
<i>Other signs of aggression *</i>		<i>Y/N</i>	

**** Please describe the situation in which the incident(s) occurred and any other situations or potential aggressive behavior.***

Please indicate anything else about your dog's habits or behavior that would be useful to us in providing care:
