

Owner Information									
Client Full Name									
Email:				Cell Number:					
Emergency Contact Name:				Emergency Contact Number:					
What is the best way to contact you? (Call, Text, Email)				Occupation:					
Full Address:									
Are there any children in the household? If so, please list ages									
Are there any other pets? If so, please list type, sex, and age									
Are any dog(s) participating in obedience training and/or other pet's neutered/spayed? (Please list name of dog)									
Dog(s) Information – Vet, Diet, & Health									
Dog Name(s):									
Veterinarian Name:			Phone Number:						
Veterinarian Address:									
Date of last Vet Check:		Weight at last Vet Check:							
Has your dog ever been to the vet for an emergency? (If so, please explain below)									
Please list due dates for shots below:									
Last Rabies:		Next Rabies:		Last Bordetella:		Next Bordetella:			
All other shots (Last/Next Date Due) Please list here:									
Is your dog on heartworm prevention?			Brand:		Frequency:				
Flea & Tick Medication – Brand:			Frequency:						
Does your dog have a history of hot spots?			In your opinion, your dog's weight is:						
In your opinion, your dog's weight is:			Ideal Weight,		Underweight,		Overweight		
Does your dog have any food or medical allergies?									
1.									
2.									
Does your dog have any chronic illnesses?									
1.									
2.									
Medications & Supplements. Write Amount, Frequency, Reason & Other notes:									
1.									
2.									
3.									
4.									
Feeding Information									
Feeding for: (Dog Name)		Brand:							
Feeding for: (Dog Name)		Brand:							
Feeding for: (Dog Name)		Eating Habits:							
Feeding for: (Dog Name)		Eating Habits:							
Feeding Schedule & Directions (Amount per day & frequency)									

Dog Behavior Interview		
Dog Name:		
1. Has your dog ever growled, snapped, or bitten you/anyone?		Check All That Apply: Self-mutilation Aggressive Fights Howls Digs House Soils Runs away Unruly Eats objects Barks Jumps up Chews Bites Eats stool Shy/Nervous
2. Does your dog get nervous around strangers?		
3. Has your dog ever shown aggression towards other dogs?		
4. Is this the first dog you've owned as an adult?		
5. Do you tend to "spoil" your dog?		
6. Does your dog like to "nudge" you for petting when he's with you?		
7. Are you consistent in your expectations of your dog's behavior? (Do you sometimes allow certain behaviors and sometimes not allow the same behavior)		
8. Does your dog get upset when you leave him alone? (If so, what does he do?)		
9. Is your dog crate trained?		
10. Longest period in crate:		
11. Do you repeat commands to get your dog to do them?		
12. How do you discipline your dog?		
13. Does your dog live in the house? If so, where does he live?		
14. Is your dog allowed on furniture? (Couch, bed, etc.)		
15. How much exercise does your dog get daily?		
16. Do you allow your dog off leash? If so, where?		
17. Do you have a fenced yard?		

Other notes you'd like us to know about your dog: