



Evaluation Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact** (should we not be able to contact owner):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Vet Phone: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed/Color: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

How long have you owned your dog? \_\_\_\_\_

Where did you obtain your dog? \_\_\_\_\_

If adopted or rescued, do you have knowledge of your dog's history? \_\_\_\_\_

Does your dog have any pre-existing medical conditions, injuries, or allergies? (hip dysplasia, ACL tear, etc.) or physical limitations we should be aware of: \_\_\_\_\_

Is your dog currently on any medication? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, you must fill out and sign the Medication Form before you leave your pet in our care.



Has your dog ever attended daycare or dog park? If so, where? \_\_\_\_\_

Are there any situations your dog automatically dislikes or fears? (fireworks, thunderstorms, etc.) \_\_\_\_\_

Has your dog ever growled at or bitten a person or another animal? If so, what were the circumstances? \_\_\_\_\_

Is your dog possessive with food, toys, or objects? \_\_\_\_\_

Is your dog sensitive about any parts of its body? (paw, tail, etc.) \_\_\_\_\_

What's your dogs training history? \_\_\_\_\_

Has your dog ever jumped a fence? If so, what kind and how high? \_\_\_\_\_

Are there any other needs or issues you feel we should be aware of? \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluation Completed: \_\_\_\_\_ First Visit Scheduled: \_\_\_\_\_