

Dog Personality, Behavior & Health Profile

Dog's Name _____ Owner's Name _____

Has your dog ever jumped/ a fence? ____ If yes, how high was the fence? _____

If over 5 foot we are not able to accommodate your dog unless its kept on a tie out while outside

Is your dog frightened by any noises/actions? ____ If yes, please explain _____

Has your Dog ever attended day care before? Yes ____ No ____ If no, socialized Yes ____ No ____ Please explain _____

What is your primary reason for bringing your dog to K-9 Island?

How long have you had your dog? _____ How old was your dog when you got him/her? _____

Where did you get your dog? _____

Is your dog crate trained? ____ Is your dog house trained? ____ Where does your dog sleep?

Does your dog play well with others? ____ If no, please explain _____

What other pets are in your home? _____ How does your dog get along with them?
_____ interested in playing _____

Has your dog ever bitten another dog? ____ If yes, please explain

Is your dog toy aggressive with other dogs? ____ If yes, please explain

Are you and your dog currently enrolled in obedience classes? _____

Does your dog have any obedience training? ____ If yes, which commands? _____

How do you or other family members discipline your dog?

Is your dog friendly toward people? ____ if no, please explain

Are there any specific kinds of people your dog automatically fears or dislikes? ____ If yes, explain

Does your dog growl at people? ____ If yes, please explain

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Has your dog ever bitten a person? ____ If yes, please explain

Is your dog toy or food aggressive with people? ____ If yes, please explain

Is your dog mouthy or nibble on you? _____

Where does your dog like to be petted? _____

Does your dog have any sensitive areas on his/her body? ____ If yes,

explain _____ Does your dog bark a lot? ____ If yes, explain

What is your dog's energy level? (x) ____low ____medium ____high ____very high

Are there special considerations or concerns regarding play or exercise that we need to be aware of? _____ If yes, explain _____

Please describe any personality/behavior "quirks" or issues that have not already been explained

Please any medical conditions, injuries, allergies, or other health concerns

Does your dog currently take any medications? _____ If yes, please provide details below

Medication Name	Dosage	How Often Given	What Times Given	Special Instructions

All medications brought to K-9 Island must be in their original container with the original labeling and dosage/administration information as prescribed by your veterinarian.

I give my permission for K-9 Island to administer off label products needed for my animals.

Owner's signature _____

Date _____