

Dog Personality, Behavior & Health Profile

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?(circle one) 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 _____