

Getting to know your pet

Pet Information

Owner's Name: _____ Pet's Name: _____ Microchipped: _____

Chip Number: _____ Where did you get your pet: _____

How long have you owned your pet: _____ Has your pet ever attended a boarding or daycare facility: _____ If yes, where / When: _____

Playtime

Are there any special games your dog enjoys: Yes No

Please list and describe: _____

Is your pet possessive of toys: _____ If yes, please explain: _____

Personality

Is it okay for your dog to play with other animals: Yes No

If no, please explain why: _____

Does your dog have any aggressions toward other animals or people: Yes No

If yes, please describe: _____

Has your dog ever bitten or been bitten: Yes No

If yes, please describe: _____

Does your dog bark/whimper a lot: Yes No (If yes) Please describe: _____

Does your dog dig/scratch: Yes No (If yes) Please describe: _____

Does your dog get frightened easily: Yes No (If yes) Please describe: _____

Does your dog try to escape a 6FT fence: Yes No (If yes) Please describe: _____

Does your dog chew wood/bedding/blankets/toys/etc: Yes No

If yes, please describe: _____

Is there anything we should avoid doing with your dog? _____

What commands does your dog know: Sit Shake Stay Come Other: _____

What is your dog's potty command: _____

Anything else we should know?



I have entered the above information as truthfully and accurately as possible.

Client Signature _____

Date: _____