

DOG(S) INFORMATION SHEET

Client's Name: _____

Dog's Name(s): _____ Age: ___ Sex: ___ Breed: ___ Color/Markings: ___ Neutered / Spayed: ___ Microchip ID _____

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Feeding:

What kind of foods do your dogs eat and where is the food kept? _____

What kind of treats do you give your dogs? _____

When and where do your dogs eat? : _____

Special feeding instructions: _____

Medication:

Are your dogs on any medications that must be administered? If yes, please describe the medication procedures including name, dosage and where it is kept.

Please list any injuries, illnesses or health issues that your dogs have now or have had in the past?

Where do you keep their collar and leashes?

Are your dogs allowed on the furniture?

Does your dog like to ride in the car? (if not, please explain)

Traits:

Please answer the following brief questionnaire about your dogs. It will help us to better care for him/her:

Are friendly with other dogs: YES / NO Explanation: _____

Likes new adults: YES / NO YES / NO Explanation: _____

Likes children: YES / NO YES / NO Explanation: _____

Must stay on leash during walks: YES / NO YES / NO Explanation: _____

Are allowed in the house: YES / NO YES / NO Explanation: _____

Are allowed to have treats: YES / NO YES / NO Explanation: _____

Are prone to digging: YES / NO YES / NO Explanation: _____

Are prone to chewing: YES / NO YES / NO Explanation: _____

Are fearful of noises or other things: YES / NO YES / NO Explanation: _____

Obeys basic commands: YES / NO YES / NO Explanation: _____

Has bitten people or other dogs: YES / NO YES / NO Explanation: _____

Has shown other aggression: YES / NO YES / NO Explanation: _____

Please indicate anything else about your dog's habits or behavior that would be useful to us in providing care:
