

DOG INFORMATION SHEET

Client Name: _____

Dog's Name: _____

Date of Birth: _____

Breed: _____

Color/Markings: _____

Sex: (M or F) _____ Neutered / Spayed _____

***A RABIES CERTIFICATE SHOWING VACCINATIONS ARE CURRENT IS
REQUIRED FOR ALL DOG OWNERS***

Rabies tag #: _____

Date rabies shot expires: _____

Feeding:

What kind of food/s does your dog eat?

When & how often does your dog eat?

Special feeding instructions:

Medication:

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

Other:

Does your dog have a favorite game?

Does your dog have favorite hiding places?

Where do you keep your collar and leash?

Does your dog need a special harness or choke collar for walks?

How often does your dog need to go out?

What is the longest period of time your dog is able or used to holding it?

Traits:

Please answer the following brief questionnaire about your dog. It will help us to better care for him/her. Please answer Yes or No and elaborate if needed.

Is friendly with other dogs?

Is friendly with cats or other animals?

Likes new adults?

Likes men?

Likes Women?

Likes children?

Must stay on leash during walks?

Is allowed in the house?

Is allowed to have treats?

Is prone to digging?

Is prone to chewing?

Is prone to accidents?

Is fearful of noises or other things?

Obeys basic commands?

Has bitten people or other dogs?

Has shown other aggression?

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