

Additional Dog

Pet Information:

Dog Name: _____

Dog Breed: _____

Color(s): _____

Date of Birth: _____

Female _____ Spayed _____

Male _____ Neutered _____

Pet Behavior:

Does your dog enjoy the company of other dogs? _____

Does your dog have or has your dog done any of the following?

Separation Anxiety _____ YES _____ NO

Jumped a Fence _____ YES _____ NO

Toy Possessive _____ YES _____ NO

Chewer _____ YES _____ NO

Excessive Barking _____ YES _____ NO

Crate trained _____ YES _____ NO

Allowed treats? _____ YES _____ NO

Is there anything else we need to know about your dog? _____

Is there a type of dog or situation that your dog may fear or dislike? _____

Are there any limitations on your dog's activities? _____

Pet Care:

Does your dog have any allergies or medical conditions? _____

Please list any medications your dog is taking, the proper dosage, and the time of day given:

Any limitations on your dog's activities? _____

*****Proof of Vaccinations: Owner must provide veterinary proof of vaccinations including Distemper, Rabies and Bordetella.*****

Veterinary Clinic: _____

Address: _____

Phone: _____

Please list feeding instructions:
