



CANINE HEALTH & BEHAVIOR PROFILE

Client Name: _____

Pet Name: _____ **Sex:** M / F **DOB/Age:** _____

Breed & Physical Description: _____

Spay or Neuter: Y / N **Weight:** _____ **How long have you owned this pet?** _____

Where did you acquire your pet? _____

Microchip/Tattoo #: _____

HEALTH HISTORY

Allergies: _____

Major Medical Conditions/Concerns: _____

Has your pet been to the vet in the last 6 months for reasons other than routine care?

Please describe: _____

Additional health information you would like us to be aware of: _____

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Pet Name: _____

PERSONALITY & BEHAVIOR

Has your pet ever been involved in a dog fight or bitten another animal? Please describe:

Has your pet ever bitten or shown aggression towards a person? Please describe: _____

Describe your pets behavior towards new people, children & dogs: _____

Please describe your pets behavior around food and water dishes, toys and bones:

Please describe your pets behavior on a leash (leash reactive, pulls, timid/unsure, etc.):

Describe your pets behavior in cars (relaxed, territorial, anxious, overstimulated, etc.): _____

Has your pet had formal training? If yes, what type: _____

Does your pet know any cues that you would like us to use on our walks? Please describe:

Additional special handling instructions (storm/wind anxiety, separation anxiety, fears/phobias, quirks, aggression, etc.): _____

Please describe any commands/tricks your pet may know: _____

How would you describe your pets personality (include any additional likes/dislikes): _____
