



Client Name: _____ Dog's Name: _____ Pet's Date of Birth: _____
Breed: _____ Color/Markings: _____ Sex: M or F Neutered / Spayed
Rabies tag #: _____ Date rabies shot expires: _____

Feeding:

What kind of food/s does your pet eat?
Does your pet have any food allergies?
When does your pet 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.

Traits:

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

- Is friendly with other dogs YES / NO
- Likes new adults YES / NO
- Likes children YES / NO
- Must stay on leash during walks YES / NO
- Is allowed in the house YES / NO
- Is allowed to have treats YES / NO
- Is prone to digging YES / NO
- Is prone to chewing YES / NO
- Is fearful of noises or other things YES / NO
- Obeys basic commands YES / NO
- Has bitten people or other dogs YES / NO
- Has shown other aggression YES / NO
- Aggression? YES/NO

Other:

Does your dog have a favorite game?
Does your dog have favorite hiding places?
Where do you keep your collar and leash? A harness is required.

Does your dog need a special harness or gentle leader for walks?

Does your dog know any cues that you would like us to use out on walks? Please describe.

Commands Your Dog Knows (please circle)

Eyes, Touch, Sit, Stay, Wait, Come, Lay Down, Place or Bed, Off, Settle, Leave It, Heel, Down, Quiet, Speak, Fetch... Other.

Is there anything in particular we should be aware of when walking your dog (i.e., behavioral or health issues)?
payment is due at or prior to the time of the first visit and the balance paid in full upon
the day of your return.

Owner's Name (*please print*): _____ Owner's Signature: _____

Date: _____