



PARENT INFO:

Name: _____

Address: _____

Cell:() _____ Email: _____

Emergency Contact: _____

DOG INFO:

Name: _____ Sex: M/F S/N Breed: _____

Date of Birth: _____ How long you've had them: _____

Veterinary Office: _____ Preferred Doctor: _____

Food Name Brand: _____ Serving: _____

Medications: _____ Crate Trained? Y / N Wire/Plastic

Where is your dog left when no one is home? _____

On regular Flea/Tick preventative? Y / N Brand: _____

Allergies/Diet Restrictions? Y/ N _____

Social History: Has your Dog...

Lived with other dogs? _____

Been to training class? _____

Dog Park or Daycare? _____

Ever been in a dog fight? _____

Shown aggression towards people or dogs? _____

Separation Anxiety? _____

Jumped gates or fences? _____

Met cats? _____

Been possessive of toys or food? _____

Fears? (Men, Hats, Vacuuming?) _____

Other "quirks" _____

Any Special Instructions? _____