



## Dog/Client Profile

Dog Name \_\_\_\_\_ DOB \_\_\_\_\_

M / F \_\_\_\_\_ Spayed / Neutered \_\_\_\_\_ Breed \_\_\_\_\_

Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone # Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Who can pick up your dog? \_\_\_\_\_

Veterinarian Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## Medical Profile

When was your dog last inoculated for the following vaccinations?

Please give due dates for: Rabies \_\_\_\_\_ Distemper \_\_\_\_\_

Has your dog had any surgeries or does he/she have any medical condition(s) we should be aware of? \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

What is your method of flea/tick control? \_\_\_\_\_

Last application date \_\_\_\_\_

Diet: Type of food \_\_\_\_\_ Amount/How Often \_\_\_\_\_

Is your dog on monthly heartworm? Yes / No

Has your dog ever had kennel cough? Yes / No

If Yes, when? \_\_\_\_\_

Has your dog been sick in the last 30 days? Yes / No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

### Behavior / Other

Is your dog crated at all? If so when? \_\_\_\_\_

Allowed on Couch Y / N

Items likely to be chewed: socks paper towels balls rugs  
blankets/beds stuffed toys other \_\_\_\_\_

Any in the house concerns? (accidents, marking, excessive  
barking/whining, etc) \_\_\_\_\_

What is your dog's energy level on a scale of 1-10? \_\_\_\_\_

Daily/Weekly Exercise(s)

Walks Runs Doggie daycare For how long? \_\_\_\_\_

How does your dog react to new people? Circle all that apply:

Shy Bites Bares Teeth Barks Friendly

Sniffs Licks Jumps Other, specify \_\_\_\_\_

Does your dog have any of these issues? Circle all that apply:

Separation Anxiety Growling Excessive Barking

Biting Leash/Collar Aggression Toy Aggression

Food Aggression Jumping