



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?

Due dates: Rabies _____ Distemper _____ Bordetella _____

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