

DOG INFORMATION SHEET

Please fill in the information to the best of your knowledge

Client Name: _____

Dog's Name: _____

Age: _____

Breed: _____

Color/Markings: _____

Sex: M or F _____ Neutered / Spayed: _____

Rabies tag # _____

Date rabies shot expires: _____

Feeding:

What kind of food/s does your dog eat?

When does your dog 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.

Other:

Does your dog have a favorite game?

Does your dog have favorite hiding places?

Where do you keep your collar and leash?

Does your dog need a special harness or choke collar for walks?

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

Please indicate anything else about your dog's habits or behavior that would be useful to us in providing care:
