

Dog Name: _____ **Owner(s):** _____

Pet Health

Does your dog have any health concerns we should be aware of? NO YES

If yes, what are they and how are they handled? _____

Does your dog have any known allergies? NO YES

If yes, what are they? _____

Is your dog on any medications? NO YES

If yes, what are they? _____

Does your dog have any sensitive areas on their body where they do not like to be touched? NO YES

If yes, where? _____

Pet History

How long have you had your dog? _____

How and where did you acquire your dog? _____

If adopted, what knowledge do you have of your dog's past? _____

Has your dog ever been to a dog park or played with other dogs? NO YES

If yes, how did they behave in that kind of setting? _____

Have you ever boarded your dog overnight? NO YES

If yes, how did they do? _____

Behavioral Questionnaire

Does your dog like to play with other dogs or prefer people? DOGS PEOPLE BOTH

If other dogs, do they have a size or breed preference? _____

What sounds does your dog make when they play? _____

Rate your dog's energy level with '1' being mellow and '10' being high energy: _____

Does your dog play with toys? NO YES

If yes, what is their favorite? _____

What kind of games does your dog like to play? _____

Does your dog enjoy playing in water? NO YES

Can your dog have our treats? NO YES

Can they have peanut butter? NO YES

Has your dog had any formal obedience training or know any common commands? _____

What word or phrase do you use for 'potty'? _____

Does your dog have issues in any of the following areas? If yes to any, please explain.

Digging: _____

Jumping: _____

Climbing: _____

Escaping: _____

Eating foreign objects (ex. rocks) or feces: _____

Chewing: _____

Housetraining: _____

Barking: _____

Has your dog ever bitten you or another person? NO YES

If yes, what were the circumstances and has it been a reoccurring issue? _____

Has your dog ever bitten another dog? NO YES

If yes, what were the circumstances and has it been a reoccurring issue? _____

Is your dog afraid of any specific sounds or items? NO YES

If yes, what are they? _____

Does your dog show any other sort of fears? NO YES

If yes, what are they? _____

Does your dog bark or growl at people/dogs passing by the house or yard? NO YES

Does your dog act differently on a leash? NO YES

If yes, explain: _____

Does your dog show food aggression or resource guard (aggression over possessions)? NO YES

If so, explain: _____

Is there anything else you would like to tell us about your dog? _____
