

**DOG INFORMATION SHEET**

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:

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