**Client Information**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_ Home Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Pet Information**

Pet Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date or Approximate Age \_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_

Breed Weight \_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_ Neutered/Spayed \_\_\_\_\_\_

Veterinarian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Questions**

How long have you owned your dog?

Where did you get your dog? How old was he/she?

If adopted, do you know your dog’s history?

Do you have any other pets living in your household? If yes, what species, breed, ages, gender.

How does your dog get along with your other pets?

Reason for your last three vet visits.

**Health Continued**

Does your dog suffer from allergies?

Does your dog have a chronic medical condition?

Does your dog have any medical conditions that cause him/her pain during or after play?

Has your dog been treated for a communicable disease in the last 30 days?

**Behavior**

Has your dog ever nipped at or bitten someone? If yes, under what circumstances?

How does your dog react to strangers he meets off leash? On leash?

Is your dog afraid of any noises? If yes, what noises and what is the reaction?

Is your dog frightened by certain objects? If so, which objects and what is the reaction?

How does your dog react to other dogs he meets while on leash?

Has your dog ever attended doggie day care? Where?

Does your dog play off leash with other dogs? Where?

**Behavior Continued**

Does your dog have a favorite dog breed?

Are there any particular breeds your dog doesn’t seem to like?

Are there any people that your dog automatically fears or dislikes?

What is your dog’s favorite toy?

Does your dog play with rubber toys? Stuffed toys?

How would your dog react if you removed his/her food while he/she was still eating?

Is your dog allowed to chew rawhides or bones? How would he/she react if you took the rawhide or bone away from him/her?

Is your dog vocal during play? (Play growl or bark)

**Training**

Does your dog know any commands?

Does your dog have a command to go to the bathroom?

How does your dog show you he/she wants something?

**Training Continued**

Has your dog ever jumped a fence? If yes, what was the height of the fence?

Has your dog ever dug out of your yard?

Does your dog like to dig holes?

Is your dog mouthy when playing with humans?

Is your dog very vocal?

Is your dog crate trained?

Is there anything that concerns you about your dog’s behavior?

Is there anything else that would be helpful for us to know about your dog?