



Date: _____ Time: _____

<u>DOG'S NAME</u>	<u>BREED</u>	<u>SEX</u>	<u>WEIGHT</u>	<u>AGE</u>	<u>COLOR</u>
_____	_____	_____	_____	_____	_____

Owner's Name: _____
 Email _____ Phone _____
 Vet Clinic _____ Referred By _____

Reason this dog was obtained? _____
 Where was the dog obtained? _____ Age when obtained _____
 Current or past medical problems or injuries _____
 Spayed/Neutered? **Yes** or **No**
 Training history, if any _____
 What are interests or plans for this dog? _____

Other Household Pets:

<u>Species</u>	<u>Breed</u>	<u>Age</u>	<u>Sex</u>	<u>Spayed/Neutered</u>
_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	Yes or No
_____	_____	_____	_____	Yes or No

Any issues with your Other Pets? _____
 How does your dog react to other animals (dogs, cats, birds, squirrels, etc.)? _____

Does your dog play off leash with other dogs, outside of those in the household? **Yes** or **No**
 Describe _____

Ages of Family Members in the Household: _____
 Any issues with Family Members? _____
 How does your dog react when family members return home? _____
 How does the family respond? _____

Food Motivation: None **1 2 3 4 5** Obsessive
 Toy Motivation: None **1 2 3 4 5** Obsessive

How many times a day is the dog fed? _____
 Describe feeding routine _____
 Allowed to run free in house? **Yes** or **No** **Supervised Only / Unsupervised**
 Allowed to run free in yard? **Yes** or **No** **Supervised Only / Unsupervised**
 Type of fence _____
 Allowed on furniture? **Yes** or **No** Concerns? _____
 Describe walking on a leash _____

