

Pet Personality Profile

Owners Immediate Contact Information

Last Name: _____ First Name(s): _____
 Address: _____ Zip: _____
 Home Phone _____ Cell Phone _____
 Alternate Phone _____ Family or Friend Contact _____

Pet Profile

Dog's Call Name: _____ Breed: _____
 Coloring: _____ Age: _____ Male _____ Female _____
 Is Dog spayed/neutered? Yes _____ No _____ If yes, at what age? _____

BEHAVIOR

Can you tell me about your dog? _____

How many people are there in your household? Adult Male _____ Adult Female _____

Male Children _____ Female Children _____

Has your dog ever bitten a person: Yes _____ No _____

If yes, what were the circumstances? _____

Does your dog like children? _____

How does your dog behave around children? _____

Does your dog play with other dogs? Yes _____ No _____

Are there any other animals in your household? If yes, please list: _____

How does your dog get along with other housemates? _____

HEALTH / GROOMING

Is your dog taking any medications? Yes _____ No _____

If yes, please list medications: _____

Does your dog have any allergies? Yes _____ No _____

If yes, to what is he/she allergic? _____

FEEDING

How many times a day do you feed your dog? _____

At what time(s)? _____

What do you feed your dog and how much at each feeding? _____

Is your dog allowed to have treats? _____

Name any treats your dog may NOT have? _____