

**Pet's Name:** \_\_\_\_\_

**Male / Female**  
\_\_\_\_\_

**Spayed / Neutered**

**Weight:**

**Breed:** \_\_\_\_\_  
\_\_\_\_\_

**Colors/Markings:** \_\_\_\_\_

**Collar:**

**Caged / Run of house / Outdoors / Limited to:** \_\_\_\_\_

### **Pet's Health Record (must be accompanied by veterinarian records):**

**Date of Last Check-up:** \_\_\_\_\_

**Vaccination Dates:** Rabies \_\_\_\_\_ DHPPV \_\_\_\_\_ Parvo \_\_\_\_\_ Bordatella \_\_\_\_\_

**Any known allergies:** \_\_\_\_\_

**Any medical/health concerns:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Playtime:**

**Are there any special games your pet enjoys:**

**Please list and describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Personality**

**Is it okay for your pet to play with other animals:** Yes  No

**If no, please explain why:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your pet have any aggressions toward other animals or people:** Yes  No

**If yes, please describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Dog Only Section:**

**Please describe your leash:** \_\_\_\_\_

**Are there any special instructions for walks:** \_\_\_\_\_

**Does your dog choke on the leash:** Yes  No

**Has your dog ever bitten or been bitten:** Yes  No

**If yes, please describe:** \_\_\_\_\_

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Does your dog bark/whimper a lot:      Yes       No

Does your dog dig/scratch:      Yes       No

Does your dog get frightened easily:      Yes       No

If yes, please describe all circumstances: \_\_\_\_\_

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Where does your dog like/not like to be touched: \_\_\_\_\_

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What commands does your dog know:

Sit       Give Paw       Other: \_\_\_\_\_

Stay       Come       Other: \_\_\_\_\_

Beg       Roll Over       Other: \_\_\_\_\_

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Is your dog house trained:    Yes       No

Would you like us to leave a fresh bowl of water and some food or treat at drop off:    Yes

No

Anything else we should know: \_\_\_\_\_

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I, \_\_\_\_\_, have entered the above information as truthfully and accurately as possible.

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Date      Client Signature