

DETAILED INFORMATION ABOUT YOUR DOG:

Your dogs name:_____

Breed: _____

female __ male__

Age:____

Spayed: yes___ no ___

Good with people: yes ___, no___, yes with exceptions __

If "no", or "yes with exceptions", please explain: _____

Good with other dogs: yes___, no ___, yes with exceptions _____

If "no", or "yes with exceptions", please explain _____

Does your dog need medication? Yes___, no___

If "yes", please explain: _____

Does your dog have fears, anxiety, or any other mental disabilities? Yes ____, no ____

If "yes", please explain: _____

Does your dog have any physical disabilities? Yes ____, no ____

If "yes", please explain: _____

Does your dog have any specific needs? Yes ____, no ____

If yes, please explain: _____

Does your dog have the habit of peeing in the house, destroying furniture or other things?
Yes ____, no ____

If "yes" please explain: _____

Is your dog a "jumper" ? Yes ____, no ____

If "yes," please explain: _____

Any specific habits of your dog: _____

Something we should know about your dog: _____

Short biography of your dog: **Please document on a separate piece of paper.**

Address of your veterinarian: _____

Phone number we can reach you in case of emergency: _____

Contact (name and phone number) that will be responsible for your dog if you can not be reached: _____
