Dog Form

Client Name(s): _____

Animal Name: _____

Breed: _____ **Age:** _____

Color: _____ ☐ **Male** ☐ **Female**

Health

Health Issues: _____

Allergies: _____

Medications (1): _____

Dosage: _____

Notes/how is it given: _____

Medications (2): _____

Dosage: _____

Notes/how is it given: _____

Medications (3): _____

Dosage: _____

Notes/how is it given: _____

Microchip? ☐ Yes ☐ No **Shots Current?** ☐ Yes ☐ No **Fixed?** ☐ Yes ☐ No

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Behavior

Friendly towards other dogs? ☐ Yes ☐ No ☐ Some

Friendly towards children? ☐ Yes ☐ No ☐ Some

Friendly towards strangers? ☐ Yes ☐ No ☐ Some

Notes about reactions on leash (meeting people and animals):

_____

How do you calm your animal's separation anxiety? (if applicable)

_____

Food aggression or reactions towards certain objects/places?

_____

Do they come when you call? What is the command for come (come, here, pet name)?

_____

Unique behaviors: _____

Behavioral issues: _____

_____

What training methods work best? Rewards for good behavior?

_____

Commands used: _____

Animal Routine

Kind of food: _____

Amount fed: _____

Eating times: _____

Feeding notes: _____

If the animal doesn't eat: _____

Food/water locations: _____

Treat schedule: _____

Treats allowed: _____

Sleeping location: _____

Wake up time: _____ **Bed time:** _____ **Crated:** ☐ Yes ☐ No

Bathroom routine: _____

Exercise routine: _____

Time left alone: _____

Notes about being left alone: _____

Regular grooming? _____

Favorite games/toys: _____

Any areas they are not allowed? _____

Other supplies locations: _____

Other Notes:

_____

_____

_____