

DOG PROFILE

General Information

Client's Name: _____ Dog's Name: _____

Breed: _____ Weight: _____ Sex: M F

Color/Markings: _____ Birthday/Age: _____

Microchip or Tattoo ID (if applicable): _____

Where did you get your dog? _____

How long have you had your dog? _____

Medical History

Spayed/Neutered: Yes No

Does your dog have any special medical conditions or allergies? Yes No

If Yes, please explain: _____

Other health concerns (please list illnesses, operations, etc. in the last 6 months): _____



Vaccination History (* indicated required)

Please be advised that for the safety of your pets, as well as their four-legged buddies, we require proof of vaccination from your veterinarian.

* Rabies Yes No Expiration Date _____

* Distemper or DHLPP Yes No Expiration Date _____

* Parvo (if no DHLPP) Yes No Expiration Date _____

Bordetella or Kennel Cough Yes No Expiration Date _____

Lepto (if no DHLPP) Yes No Expiration Date _____

Flea or Tick Prevention: Yes No

Frequency _____ Brand _____

Heartworm Prevention: Yes No

Frequency _____ Brand _____

Veterinary Information

Hospital Name: _____ Doctor's Name: _____

Address: _____ Phone Number: (____) _____

Behavioral and Training

Has your dog had any formal obedience training? Yes No

If Yes, please specify: _____

Do you reward your dog with: Food Toys Praise



What commands does your dog respond to (i.e. sit, stay, come, no bark, etc.), please specify:

Is your dog afraid of any noises and what is his/her reaction? _____

Does your dog ever behave in ways that are unacceptable to you or others? Please explain:

Temperament and Social Skills

What does your dog do when meeting new dogs and people? _____

Is this behavior different off or on leash? _____

Does your dog escape or sneak through doors? Yes No

If Yes, how often? _____

What type of dogs does your dog prefer to be around (i.e. small, female, playful, calm, big, etc.)?

Do you ever go to the dog park or off leash park with your dog? Yes No

If Yes, how does your dog behave? _____



Are there any people your dog automatically fears or dislikes (i.e. children, postman, etc.)?

Are there any dogs your dog automatically fears or dislikes? _____

What is your dog's favorite toy? _____

Does your dog share toys with other dogs? Yes No

Has your dog ever growled or snapped at anyone who has tried to take food/toys away? Please specify:

Has your dog ever bitten a person or other animal? Yes No

If Yes, please explain: _____

Please describe any other behavioral problems that you might know of: _____

Do you have any special instructions for handling your dog? _____

Favorites

What kinds of toys and games does your dog like? _____



What are your dog's favorite spots to be petted or rubbed? _____

Are there any sensitive areas on your dog that should not be touched? _____

How often is your dog brushed and is it a happy experience for him/her? _____

Is your dog allowed treats and what is the limit per day? _____

Does your dog have any favorite hiding places at home? _____

Feeding Instructions

Type of food: Soft Dry Mixed Brand: _____

Cups per meal (based on 2 meals per day): _____

