DOGVILLE Bed N Biscuit Client/Canine Information

Owner(s):	Date:
Dog's Name:	Breed:
Age:yrsmonths Co	olor: Sex: M F (Spayed/Neutered)
Address:	County:
City:	State: Zip:
Home Phone:	Work Phone:
Cell Phone:	Email:
*Emergency Contact Name:	Phone:
Veterinarian (Name, Address & Pho	ne #)
Other pets in household:	
From whom was it obtained and why	d?
Does your dog have any medical pro	blems?
Past dog training (type of training ar	nd where)?
What commands does he/ she under	rstand?
What is your dog's daily & nightly ro	outine?
How much alone time can he/ she ha	andle?
What is their potty schedule like?	
Do you have any submissive or anxio	ous peeing issues?
Is your dog a harker?	What causes him/ her to bark?

B. Your Dog's Diet
What brand of dog food does your dog eat?
Feeding ScheduleTime & Amount:
Does he/she have a very good / good / poor appetite?
Does he/she get treats? Table Scraps:
Are there any medications that need to be administered?
List all food allergies:
C. <u>Crate/Sleeping Info</u>
Is your crate-trained?Where does your dog sleep?
What's the longest amount of time your dog stays by him/her self?
places you take your dog:
List dog's type and frequency of exercise:
Allowed to run free?
D. <u>Dog's Behavior Information</u>
Does your dog like / tolerate / dislike strangers?
Does your dog chew on things?
Does your dog like / tolerate / dislike children?
Does your dog like / tolerate / dislike other dogs?
Does your dog like / tolerate / dislike cats/other animals?
What is your dog's behavior like at the vet's?
How much time is your dog outdoors? (supervised vs. unsupervised)
Has your dog ever growled or bitten anyone?
Can you take bones/objects away from your dog?
Are there any behavioral problems (describe):
Signature Date