



**Information**

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Phone Numbers: CELL ( ) \_\_\_\_\_ HOME ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed (F) : \_\_\_\_\_ Neutered (M): \_\_\_\_\_

Primary Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_

Dog's Birthday: \_\_\_/\_\_\_/\_\_\_ Has your dog lived with you for less than a month? Yes/No

Dog's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed (F) : \_\_\_\_\_ Neutered (M): \_\_\_\_\_

Primary Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_

Dog's Birthday: \_\_\_/\_\_\_/\_\_\_ Has your dog lived with you for less than a month? Yes/No

Emergency Contact: Name: \_\_\_\_\_ Number: ( ) \_\_\_\_\_

Veterinarian Clinic Name: \_\_\_\_\_ Veterinarian Phone: \_\_\_\_\_

Referred by: \_\_\_ Drove By \_\_\_ Friend \_\_\_ Internet \_\_\_ Advertisement \_\_\_ Other: \_\_\_\_\_

**\*\*\* GROOMING CLIENTS – PLEASE STOP HERE \*\*\***

**Medical**

**Is your dog allergic to any type of food?**

\_\_\_ No \_\_\_ Yes If yes, please explain:

**Is your dog allergic to any medication?**

\_\_\_ No \_\_\_ Yes If yes, please explain:

**Does your dog have any old/current injuries or health concerns?**

\_\_\_ No \_\_\_ Yes If yes, please explain:

**Is your dog taking any medication?**

\_\_\_ No \_\_\_ Yes If yes, please explain:

**Does your dog engage in any unusual or repetitive behaviors?**

\_\_\_ No \_\_\_ Yes If yes, please explain:

**Please provide any other useful information (optional):**

**Behavior**

**PLEASE CIRCLE ALL THAT APPLY**

<b>My dog's activity level:</b>	Low	Medium	High	
<b>At feeding times, my dog eats:</b>	Slow	Normal	Fast	
<b>My dog has boarded before:</b>	No	Yes, rarely	Yes, often	
<b>General Demeanor:</b>	Outgoing	Timid	Pushy	Affectionate
<b>Demeanor while riding in a car:</b>	Enjoys	Dislikes	Neutral	
<b>My dog's unfriendly behavior:</b>	Will Bite	Shows Teeth	Trembles	Moves Away
	May Bite	Growls	Freezes	Snaps
<b>Has your dog had obedience training?</b>	No	Yes, individual training		Yes, group training
<b>Has your dog ever bitten another dog?</b>	No	Yes (veterinary care NOT needed)		Yes (veterinary care WAS needed)
<b>Has your dog ever bitten a person?</b>	No	Yes (bite did not puncture the skin)		Yes (medical care was required)