



DOG INFORMATION SHEET

Client name(s): _____

Dog's name: _____

Age: _____ Breed: _____ Color/Markings: _____

Sex: Male / Female Neutered or Spayed: YES / NO Microchipped: YES / NO

Known health problems: _____

Feeding

Please detail your dog's feeding routine, including type, location, and amount of food, approximate feeding times, special instructions, etc.

Medication

If your dog is on any medication that must be administered, please use the back of this form to provide detailed instructions, including medication name, location, dosage, and frequency.

Other

Dog's favorite playtime activity and/or toy: _____

Please indicate the location of the following, if applicable:

*Dog's collar/harness and leash: _____

*Bags for disposing of dog waste during walks: _____

*Supplies for cleaning pet-related accidents: _____

*Hair brush: _____

*Towels for drying dog on rainy days: _____

*Other: _____

Traits

Friendly with other dogs: YES / NO

Likes new adults: YES / NO

Likes children: YES / NO

Allowed to have treats: YES / NO

Prone to digging: YES / NO

Prone to chewing: YES / NO

Allowed on furniture: YES / NO

Eats well even when stressed: YES / NO

Has bitten people or other dogs: YES / NO

Has shown other aggression: YES / NO

***Please indicate anything else about your dog that may be useful on the back of this form.