



## 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

Will not eat 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.