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DOG PERSONALITY & CARE INFORMATION

Dog's Name:

Owner's Name:

Breed:

Color/Markings:

Sex: M F Neutered Spayed

Rabies Tag # Issuing Vet:

Rabies Expiration Date: Dog's Age:

Feeding Instructions

How often does your dog eat? Time(s)?

What food does your dog eat? How much per feeding?

Special feeding instructions, if applicable:

Is your dog currently on any medications? YES NO

If yes, please describe the medication and its administration procedure, including dosage and where the medicine is kept.

Walking With Your Dog

Where do you keep your dog's collar and leash?

Does your dog require a harness for walks? YES NO

Your Dog's Personality

Does your dog have any favorite games or toys?
If yes, please describe

YES NO

Does your dog tend to hide?
If yes, please tell us where we can find him/her:

YES NO

Is your dog friendly with

Other Dogs YES NO

New Adults YES NO

Children YES NO

Does the dog stay on leash during your wal

YES NO

Allowed in the house?

YES NO

Allowed to have treats?
If yes, please tell us where treats are located and under what circumstances they are to be given:

YES NO

Prone to digging?

YES NO

Prone to destructive chewing?

YES NO

Fearful of noises or other things?

YES NO

Obeys basic commands?
If your dogs understands any unusual commands, please describe:

YES NO

Has your dog bitten any people or other dogs?
If yes, please describe what happened:

YES NO

Has your dog shown any other signs of aggression?

YES NO

Please indicate anything else about your dog's habits or behavior that would be useful to us in providing care: