

THE DOG LOFT

PET INFORMATION (Tell us about your pooch):

Name _____ Sex (M/F) _____ Breed _____ Date _____
Age _____ Date of Birth (if known) _____

VETERINARIAN:

Name _____
Street Address _____
City, State, Zip Code _____
Telephone Number _____
Fax Number _____

Certification required for:

- Flea and Tick Control
- DHLPP
- Spay/Neuter
- Bordatella
- Heart Worm
- Rabies
- Checkup (within 30 days of attending)

QUESTIONNAIRE:

- Is your dog house trained?
- Is your dog shy or anxious?
- Does your dog take any medication? How often?
- Does your dog have allergies? What kind?
- Does your dog interact well with other animals?
- Does your dog have any bad habits? What are they?
- Has your dog ever bitten anyone?
- Does your dog have any fears of other pets or people?
- Does your dog play with toys? What kind?
- Has your dog ever had formal obedience/puppy training?
- Are there any parts of the body that your dog doesn't like touched/pet?

Y/N

Circle

Y or N _____
Y or N _____
Y or N _____
Y or N _____
Y or N _____
Y or N _____
Y or N _____
Y or N _____
Y or N _____
Y or N _____
Y or N _____

Comments:

BEHAVIOR:

- How long have you had your dog? _____
- How long is your dog left alone? _____
- How do they behave when you come home? _____
- How does your dog behave when they are in the following moods?

Happy _____
Relaxed _____
Anxious _____
Nervous _____
Angry _____
Defensive _____

Paw Print (Signature)