

DOGZEN
Canine Education & Recreation
'CLIENT INFO'

Please be as detailed as possible. Use back of sheet if required.

Owner's Name: _____
Address: _____
Telephone (home): _____ (work): _____
Cellular: _____ Email: _____
Spouse's Name: _____
Cellular: _____ Email: _____
Emergency Contact Name & Telephone: _____
Veterinarian's Name: _____ Telephone: _____
Dog Name: _____ Age: _____
Approximate Weight: _____ Breed: _____ Male or Female: _____
Color/Description: _____

Spayed or Neutered? Yes No
Vaccinations or Titer testing up to date? Yes No
Has your dog been in a group situation before? Yes No
Does your dog come when called? Yes No
Do you have your dog off leash and where? _____
Is your dog ever aggressive with people? Yes No
Is your dog possessive with toys or food? Yes No
Is your dog friendly with other dogs? Yes No
How does your dog approach other dogs? _____
Does your dog pull on the leash? Yes No
Does your dog startle and run from loud noises (thunder, firecrackers, etc...) Yes No

Has your dog ever taken off and not come back? What were the circumstances? _____
Has your dog been left in the care of someone other than yourself and how did he adjust? Any whining, pacing, barking or pee/poop accidents? _____
Does your dog ever have accidents in your house? _____
Where does your dog prefer to sleep? Is he crate trained? _____
What is your dog's regular exercise routine? _____

Does your dog have any bad habits- ie: chewing things,eating or rolling in poop or dead fish? _____
Does your dog have any allergies? _____
Is your dog on a flea treatment? Yes No
Is your dog on any medications? _____

Does your dog have any past or current injuries/illnesses? _____
What do you feed your dog (brand & type)? _____
How much? _____
When? _____
Any recent stressors or changes in your dog's life? _____

General personality description: _____
Requested Service and dates/days: _____