



DOG INFORMATION FORM

Dog's Name:	Breed:	Color / Markings:	
_____	_____	_____	
Age:	Birth Date:	Sex:	Neutered / Spayed?
_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rabies Tag #:	Rabies Expiration?	Micro-chipped?	Animal License No.?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
FEEDING:			
What Kind of Food(s) Does Your Dog Eat?		When Does Your Dog Eat?	
_____		_____	
_____		_____	
Special Feeding Instructions:			

MEDICATION			
Is your dog on any medication that must be administered? If yes, please fill out the Medical Waiver and attached <i>Instructions for Dispensing Medications, Effects of Medication and Emergency Information</i> .			
OTHER			
Does Your Dog Have a Favorite Game? _____			
Does Your Dog Have Favorite Hiding Places? _____			
Where Do You Keep Your Collar and Lease? _____			
Does Your Dog Need a Special Harness or Collar for Walks? _____			



DOG INFORMATION FORM (CONTINUED)

TRAITS

Please answer the following brief questionnaire about your dog. It will help us better care for your him/her. Thank you.

Is Friendly with Other Dogs? Yes No Likes New Adults? Yes No

Likes Children? Yes No Is Allowed in the House? Yes No

Is Allowed to Have Treats? Yes No Is Prone to Digging? Yes No

Is Prone to Chewing? Yes No Obeys Basic Commands? Yes No

Is Fearful of Noises or Other Things? Yes No Ever Bitten People or Other Dogs? Yes No

Has Shown Other Aggression? Yes No

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