WOOF B&B SPAWS

PERSONAL INFORMATION

Your Name _____ Address _____

City _____ Prov _____ Postal Code _____

Home Phone_____ Work Phone _____ Mobile Phone _____

Email address_____

If we can't get in touch with you who can we call?

Name _____ Phone _____

Veterinarian _____ Name _____

Address _____ Phone _____

PET INFORMATION

Name _____ Sex M / F

Spayed/Neutered Y / N

Age _____ Birthday _____ Breed _____ Colour _____ Weight_____

How long have you had the dog? _____

Feeding Schedule _____ _____Brand and Type of Food _____

Is your dog allowed to have treats Y / N

PERSONALITY

Please describe your dog's overall temperament _____

How does your dog react to other dogs? Friendly Confident Aggressive Shy

Has your dog ever participated in daycare? Y / N

Has your dog ever bitten someone or other dog? Y / N

If yes, please describe:_____

Has your dog ever escaped or attempted to escape by digging, jumping, or climbing? Y / N

Is your dog housebroken or crate trained? Y / N

Does your dog respond to the following commands?

Come Stay Sit Down Off Quiet Drop it

List any special commands that your dog responds to:

_____

Does your dog show aggression towards: Food Toys Loud Noise Quick Movements

HEALTH

Does your dog have any health concerns that you are aware of? Y / N

If yes, please describe: _____

Does your dog have any restrictions on his/her activities? Y / N

If yes, please describe: _____

Is your dog currently on any medication? Y / N

If yes, please list: _____

Does your dog have any allergies? Y / N

If yes, please describe: _____

Is there anything else that you believe that we should know about your dog?

_____

Please bring documentation of your dog's current vaccination and flea prevention.

Owner's signature _____ Date_____