

Pet Information Sheet

Modern Dog

Name of your Pet: _____

Male/Female

Spayed/Neutered

Breed: _____ Colors/Markings: _____

Weight: _____ Age: _____

Pet's Health Record (Must have veterinarian documentation):

Date of Last Check-up: _____

Date of Last Fecal Exam: _____

What Flea/Tick do you use? _____

Any known allergies: _____

Vaccination Dates:

Rabies _____ DHPPV _____ Parv _____ Bordatella _____

Know Medical Conditions _____

Current Medications _____

How is medication taken? _____

Additional information: _____

Walks:

Leash description: _____

Are there any special instructions for walks? _____

Does your dog try to chase other animals during walks? Please explain,

Playtime:

Are there any special games your dog enjoys:

Personality:

Does your dog have any aggressions toward other breeds or people: YES NO

If yes, please describe in detail:

Has your dog ever bit a person or another animal? YES NO

If yes, please describe in detail:

Does your dog bark/whimper a lot: YES NO

Does your dog dig/scratch: YES NO

Is your dog food/treat aggressive: YES NO

Does your dog get frightened easily: YES NO

If yes, please describe circumstances:

Are there certain spots your dog like/not like to be touched? Please explain:

What commands does your dog know:

Does your dog have a potty command: YES NO

If yes, please explain: _____

Is your dog house trained: YES NO

Is there anything else we should know about your dog:

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature

Date