

Duvall Dog Care LLC – Client Information Sheet

DOG

Name _____ DOB/Age _____

Breed _____ Spayed/Neutered? _____

Weight _____ Gender _____

OWNER(S)

Name _____

Email _____ Cell Phone _____

EMERGENCY CONTACT

Name _____

Cell Phone _____ Relationship _____

VETERINARIAN

Name _____

Address _____

Phone _____

HISTORY

How long have you had your dog?

Where did you get your dog? (breeder, shelter/rescue)

Has your dog ever been injured or attacked by another dog or animal?

Has your dog ever expressed fear of any type of animal, breed of dog, or person?

Has your dog ever been aggressive (including barking) toward of any type of animal, breed of dog, or person?

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HEALTH

Vaccines current? _____ Flea/Tick repellent? _____

Food allergies? _____

Deaf/Blind/Lame? _____

FEEDING

Brand of food, how much, how often? _____

Medications or Supplements? _____

Food allergies? _____

BEHAVIOR

Sleeping location? _____

When home alone, where do they stay? _____

Daycare or boarding previously? _____

Reactive to dogs, animals, or people? _____

Comes when called or when offered treats? _____

Prefers toys, dogs, or people for play? _____

ADDITIONAL NOTES