

DOG INFORMATION

Name: _____ Breed: _____

Sex: _____ **Altered?** **Y** **N** Color/Markings: _____

Approx. Weight: _____ Approx. Birthday: _____

How much social experience does your dog have with other dogs?

1 (NONE)

2

3

4

5 (A LOT)

Has your dog displayed any of the following behaviors? Are there other behaviors that we should be aware of?

(Separation anxiety, jumping/climbing fences, shredding/chewing non-food items)

Do you want your dog to participate in play group? YES NO

If no, please explain why:

What commands does your dog know? (Sit, stay, come, drop it, etc.)

Medical Conditions / Allergies / Medications:

Other Notes:

Veterinarian

Name: _____

City: _____ State: _____ Phone: _____