

Dog Information Form

Pet Name: _____ Breed: _____
Age/Birth Date: _____ Female Male Spayed Neutered

Please explain in detail a typical encounter your dog has with other dogs/people?
Are they on or off leash? How many times a week does your dog meet with other dogs?
Is it the same dogs all the time?

Please explain in detail how your dog reacts to dogs of different sizes/breeds/temperaments?

What types of activities does your dog enjoy? Not enjoy?

Please explain in detail any medical concerns your dog has (past or present).
For example allergies, skin issues, joint tenderness, gastro upset, etc.

Please explain in detail any present or past behavioural concerns you have with your dog.
Examples - jumping up, eating foreign objects, leash pulling, nipping/mouthing, nervous
around new people/dogs, etc.

With my signature below I certify that I have read and understand this evaluation and have disclosed all
pertinent information regarding my dog to the evaluator.

Date: _____

Signature: _____

****NOTE**** Please Print and Sign

Print Name: _____