

(For multiple dog households please complete one form for each dog)

CLIENT INFORMATION

Client Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alt. phone: _____

Email(s): _____

DOG INFORMATION

Pet Name: _____ Breed: _____ Age/DOB: _____

Sex: M / F Spayed or Neutered? Y / N

Has your dog ever bitten a person? Y / N If Yes, what damage was done and explain the circumstances: _____

Has your dog ever bitten another dog? Y / N If Yes, what damage was done and explain the circumstances: _____

Does your dog like being brushed? Y / N Does your dog like being held? Y / N

Circle the toys/games your dog prefers:

Tug Squeaky Fetch Chase Keep Away Water/Hose

Other: _____

Is there anywhere your dog is sensitive being touched? Y / N

If yes, please explain: _____

Does your dog tend to guard: toys / food / spaces / people / bones (please circle all that apply)

Rank the following activities from highest to lowest preference for your dog: (1-5, 1 highest)

Dog play _____ Ball play _____ Walks _____ Snuggles _____ Tug _____

How would you describe your dog's play style? (circle all that apply) goofy mouthy

wrestles rough&tumble likes to chase keep away barky jumpy

paw play/catlike friendly tentative confident aloof submissive shy

Does your dog frequently mount other dogs? Y / N

Does your dog eat rocks? Y / N

Does your dog eat his poop? Y / N Other dogs' poop? Y / N

Does your dog destroy its toys? Y / N If yes, which kinds and does your dog consume them or just tear them up? _____

Has your dog ever dug under _____ or climbed over _____ a fence? If yes, what height? _____

Does your dog know: sit _____ stay _____ come _____ down _____ leave it _____

Any other commands your dog knows? _____

Is your dog reactive on leash? Y / N If yes, circle all that apply: dogs people bikes

Client Name: _____ Pet name: _____

HEALTH INFORMATION

Your dog's veterinarian: _____ ph: _____

Does your dog take regular medication? Y / N

If yes, please list type and dosage:

Does your dog have any physical disabilities/health concerns we should know about? Y / N

If yes, please explain: _____

Does your dog have any food restrictions? Y / N If yes, please list: _____

Is your dog sensitive to hot or cold weather? _____

Anything else you would like us to know about your dog? _____

If we cannot get ahold of you and your pet requires medical attention, is there any restriction or cap on costs you would like us to relay to the vet? Y / N

Cost cap: _____ Client initials: _____

If your dog is 7+yrs please also fill in below:

What should we do in the unfortunate event your pet passes away while here? _____

Client Signature: _____ Date: _____

(For Prima Dogga use only) Vet: _____

Pet name: _____ RV: _____ Dist/P: _____

Bord: _____ Lepto: _____ Fecal: _____