



## Dog Registration

### Basic Information

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ DOB \_\_\_\_\_

MALE  FEMALE  SPAYED  NEUTERED      If not spayed, approximate heat date \_\_\_\_\_

If over 7 years old, does your dog require special handling? \_\_\_\_\_

### Behavioral Information

Does your dog like to be around other dogs? \_\_\_\_\_

Does your dog get along with his/her siblings? \_\_\_\_\_ Do they need to be separated when we are not present? \_\_\_\_\_

Does your dog like to be around people and/or strangers? \_\_\_\_\_

How does your dog react when meeting new people/strangers in the home? \_\_\_\_\_

In regards to people, is your dog better with?     MALES  FEMALES  BOTH

Has your dog ever bitten an animal/human? If yes, please explain \_\_\_\_\_

Check all that apply  PLAYFUL     NON-ACTIVE     SHY     AGGRESSIVE/MAY BITE     DIGGER     DESTRUCTIVE  
CHEWER     INGESTS NON FOOD ITEMS     NOT POTTY TRAINED     PULLS ON LEASH     RUNS AWAY

Is your dog a fence climber or escape artist? If yes, please explain \_\_\_\_\_

Does your dog experience separation anxiety, fear of thunderstorms, or any other significant fear? If yes, please explain:  
\_\_\_\_\_

What commands does your dog respond to? \_\_\_\_\_

### Pet Care/Feeding Information

How often do you have your dog groomed, bathed, flea dipped? \_\_\_\_\_

Have you ever worked with a Trainer?  YES  NO

Would you like a Trainer to contact you to explain our training options?  YES  NO

What brand of food do you feed your dog? \_\_\_\_\_

If your dog runs out of his/her food may we feed ours (Natural Balance - Ultra)?  YES     NO

How often do you feed your dog:  ONCE/DAY     TWICE/DAY     FREE FEED (leave out all day as needed)

If you feed once per day, when do you feed:  IN THE MORNING     IN THE EVENING

Do you raise your dog's food and water bowls at home? \_\_\_\_\_

Do we need to separate siblings during feeding?  YES  NO

List any additional feeding instructions \_\_\_\_\_

### Medical Information

Has your dog been sick in the past 30 days? If yes, please explain: \_\_\_\_\_

List any known allergies: \_\_\_\_\_

Is your dog on any medications?  YES  NO      What flea/tick prevention do you use? \_\_\_\_\_

Please describe your dog's general health (Include any current OR PAST medical problems) \_\_\_\_\_