

DOG TREKKERS CLIENT INFORMATION

Owner's Name: _____ Address: _____

Phone (home): _____ (Work): _____

Cell: _____ Email: _____

Spouse's Name: _____ (Work): _____

Cell: _____ Email: _____

Emergency Contact Name & Phone: _____

Veterinarian's Name: _____ Telephone: _____

Dog's Name: _____ Age: _____

Breed: _____ Colour/Description: _____

Is your dog spayed _____ or Neutered _____ Vaccinations up to date? Yes _____ or No _____

Dog your dog come when called? _____

Has your dog been in a group situation before? _____

Would you say your dog is more confident or submissive? _____

Is your dog possessive with toys or food? _____

Will your dog react to a dominant or submissive dog and how? _____

Does your dog have any fears that will make him run away? _____

Will your dog run and chase a cat, bird, or squirrel? Will they come back? _____

What is your dog's regular exercise routine? _____

Does your dog have any allergies? _____

Has your dog been left in the care of someone other than yourself? If so, how did they adjust? _____

Where does your dog prefer to sleep? _____

Does your dog ever have accidents in the house? _____

Does your dog have any bad habits, ie eating or rolling in poop, dead fish, or garbage? _____

Does your dog bark a lot, dig, or chew things? _____

Please list any health issues that your dog has presently: _____

Is your dog on flea or tick treatment? Yes _____ or No _____

Is your dog on any medications or supplements? Please list what and how much to administer: _____

Are there any past injuries/illnesses that we should be concerned about? _____

What do you feed your dog? How much? How often? Please list: _____

Is there anything else you would like to tell us about your dog? _____
