

# DOG TREKKERS CLIENT INFORMATION

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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: \_\_\_\_\_

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

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

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

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