



Canine Profile

Pet Information

Pet Name: _____ Owner Name: _____

Sex: Female Male Spayed/Neutered? _____ Age: _____

Breed: _____ Color: _____ Weight: _____

Veterinarian (Clinic Name): _____

Vaccines: Rabies: _____ Bordatella: _____ DHLPP: _____ CIV: _____

Brand of food: _____

How much/how often: _____

Special Needs, Medical Concerns, Allergies: _____

What type of flea preventative is your dog on? _____

To the best of your knowledge, does your dog have any food, treat, or toy aggression? If so, please describe.

Has your dog ever escaped from your yard by jumping, digging, etc.? _____

What Corrective disciplinary measured have you used with your dog? _____

Has your dog been exposed to other dogs, people, unfamiliar territory? If so, please describe your dog's behavior. _____

Does your dog have any favorite toys or games? _____

Additional Information: _____