



CLIENT PROFILE

Dog's Name & Age _____

How Long Have You Owned Your Dog (s) _____

List Other Animals in Your Household _____

Does Your Dog Have any Allergies? _____

Does Your Dog Liked to be Brushed? _____

How Does Your Dog React to Having his/her Nails Clipped?

Is Your Dog Challenged in Any of the Following Areas?

Chewing _____ Barking _____ Digging _____

Ignoring Commands _____ House Training _____

Is Your Dog Frightened or Nervous about Anything? _____

Does Your Dog Play with Toys? If So, What Kind and What Games do Your Play?

Does Your Dog Have Off-Leash Play with Other Dogs? _____

What Kind of dogs (size/breed) Does He/She Play With?

Does Your Dog Prefer Male or Female Dogs?

Has Your Dog had any Formal Obedience Training? _____

If yes, What Kind? _____

What Commands does your Dog Know? _____

Does Your Dog any Sensitive Areas on His/Her Body?

Does Your Dog Have a Favorite Petting Zone? _____

BEHAVIOR

What Does Your Dog Do when You're Not At Home? _____



How Does Your Dog Act when You Arrive Home at the End of the Day?

How Does Your Dog React to Puppies?

Is there any Breed of Dog that your Dog Fears or Dislikes?

Has Your Dog ever Bitten Anyone? If so, What Happened?

Has Your Dog ever Climbed or Jumped over a Fence?

What does Your Dog do to Show that He or She is Happy?

Please list other comments or additional information that might be helpful in your dog's experience with us:
