



Owner's name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

Dogs' name \_\_\_\_\_ Male/Female  
Spayed/neutered/intact

Breed \_\_\_\_\_  
Color \_\_\_\_\_

Dogs' name \_\_\_\_\_ Male/Female  
Spayed/neutered/intact

Breed \_\_\_\_\_

Please check all that apply:

Separation anxiety      Fear of storms      Excessive barking, whining or howling

Sensitive stomach      Diarrhea      Vomiting      Chewing

Aggression/ Dominant behavior:

People      Other dogs      Food and treats      Toys      Mounting  
other dogs

Nipping/herding other dogs  
Other \_\_\_\_\_  
\_\_\_\_\_