



Dog Owner Questionnaire

Dog's Name

Dog's Age

Dog's Sex

Dog's Breed

Spayed or neutered?

If not spayed. Date of last heat?

Approximate date of his/her last vet checkup?

Is your dog up to date on vaccines?

Approximate date of last flea/tick treatment?

Is your flea/tick preventative a monthly treatment?

3 month?

Is your dog house broken?

Has your dog ever bitten anyone or another animal?

Has your dog ever been around other dogs?

Has your dog ever had a bad experiences/interactions with other dogs?

Is your dog possessive of toys?

Any personality traits we should know? ie skittish, shy, etc.

Is your dog crated when your not home?

Do you allow your dog on the bed, couch or any furniture?

Where does your dog sleep at night?

Is your dog afraid of thunder or other loud noises?

How many times a day does your dog eat? How much?

Does your dog need medications? If so how much and what time?

Can we give your dog treats?

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

