

## Pet Information

Pet Name		Breed	
DOB	Weight	Colour	
<input type="checkbox"/> Male    Neutered: Y / N		<input type="checkbox"/> Female    Spayed: Y / N	
ID Tag	How long have you owned your pet?	Microchip	
Please initial to verify that all applicable <b>vaccinations</b> are current:			
Notable Medical Information, Allergies, Phobias etc.			
MEDICATIONS			
Name	Dosage	How to Administer	
GENERAL BEHAVIOUR			
Any notable behaviour problems, anxieties etc			
Level of training:			
Name of favourite treats _____ Frequency _____			
EXERCISE SCHEDULE & BEHAVIOURS			
Regular daily exercise schedule:			

Any physical health problems, or notable issues when out for walks:

Any behavioural issues to note when out on a walk? (e.g. interaction with other dogs, humans, livestock)

Does your dog travel in cars regularly? Any notable issues (e.g. car sick, anxious etc)

How is your dog's recall?

What are key distractions?

Location of suitable harnesses/collars for walks \_\_\_\_\_

#### GENERAL INFORMATION

Has the pet ever bitten a person Y / N

Has the pet ever started a fight with or bitten another animal Y / N

Is the pet friendly towards children and adults Y / N

Name things your pet dislikes:

Name things your pet likes:

Favourite hiding place(s):

Favourite toy(s):

Restricted areas:

Additional information:

Owners Full Names:

I, the owner of the above listed pet warrant that the information contained herein is true and correct to the best of my knowledge.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_