



Your Dog's Home Away From Home!

BONE SWEET BONE™

PET INFORMATION

*Please note, for the health and safety of all the dogs in our facility, proof of current vaccine records (dhpp, bordatella, rabies) must be provided for all dogs staying for grooming or daycare services. No exceptions.

PET NAME _____

BREED _____ COLOR _____ BIRTHDATE _____

GENDER Male/Neutered Female/Spayed

HEALTH

Diet Restrictions _____

Allergies/Medical Problems _____

Is your dog on any medications? Please provide name(s) and dosage(s).

Is your dog on a flea prevention program? What brand? Last dose?

Has your dog been sick recently? If yes, when, and what was the treatment? _____

BEHAVIOR

How does your dog react to new people/dogs? _____

Does your dog have any sensitive areas on his/her body that he/she doesn't like touched?

Is your dog overly frightened or nervous about anything? _____

How does your dog react to others when you're out on a walk? _____



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BEHAVIOR, cont'd

Has your dog ever jumped or climbed over a fence? How high was it? _____

Does your dog have problems in any of the following areas:

Mouthiness (chews on your hand or clothing) _____

Excessive barking _____

Chewing/Destructiveness _____

Separation anxiety _____

Has your dog had any socialization with any other dogs? _____

Is your dog fearful or aggressive around small/large dogs? _____

Has your dog ever growled or snapped at anyone taking food/toys away?

Has your dog ever bitten a person or dog? _____

Is your dog crate trained? _____

What do you do with your dog when you are not home? _____

Has your dog ever had any basic obedience training? _____

Other comments or information about your dog that you feel might be helpful:

FOR OFFICE USE ONLY

Copy of current vaccine records obtained

Patient photo taken

Magnet made and sent/given to client