



WE TALK DOG

TRAINING | COACHING | DAYCARE | BOARDING | GROOMING

DOG PROFILE

Owner Information

Name _____

Additional Owner _____

Main Email _____ (We occasionally send out notices via email)

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Additional Phone _____

Emergency Contact _____ (Someone other than owner)

Emergency Contact Phone _____

How did you hear about us? _____

Dog Information & History

Name _____ Breed _____

Description _____

Weight _____ Birthday _____

Gender _____ Spayed/Neutered _____ *REQUIRED OVER 6 MONTHS

Veterinarian/Clinic _____

How does your dog generally react to other dogs? _____

Is there a specific type of dog that he/she doesn't like? _____

How does he/she react to strangers? _____

Has he/she ever bitten anyone? Y / N

If yes, describe _____

Has he/she ever been to a dog park? Y / N

How did he/she react? _____

Has he/she ever gotten into a fight with/ bitten another dog? Y / N

If yes, describe _____

Is he/she food and/or toy possessive? Y / N

Does he/she jump on people? Y / N

Are there any situations in which he/she is frightened? Y / N

If yes, describe: _____

Is he/she house broken? Y / N Crate Trained? Y / N

Does he/ she have any health concerns? Y / N

If yes, describe: _____

Does he/she take any medications? Y / N

If yes, describe: _____

Does he/she have any skin or food allergies? Y / N

If yes, describe: _____

Is he/ she on a Flea Preventative? Y/N Heartworm Preventative? Y / N

What type of food? _____ Amount? _____

Do you walk your dog? Y / N How often/How far? _____

Does he/she get any other types of exercise? _____

Has your dog ever been to the groomers? Y / N

How do they usually behave? _____

Are there any areas your dogs body that it doesn't like to be touched? Y / N

If yes, where? _____

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