

Date: _____

Dog Owner

Name: _____

Address: _____

Phone: _____

Email: _____

Dog

Name: _____

Breed: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Intact ☐ Neutered

Behavior with other dogs: Gets along with...

☐ everyone ☐ only males ☐ only females ☐ depending on sympathy

☐ none ☐ wears a muzzle

☐ other _____

Behavior with strangers

☐ loves everyone ☐ shy, needs time ☐ doesn't like strangers

☐ wears a muzzle

☐ other _____

Known medical conditions (e.g. allergies, hip dysplasia)

Other special characteristics
