

**GENERAL INFORMATION**

Where did you get your dog? \_\_\_\_\_

Was he/she abused by previous guardian?    Yes    No    Don't know

How often does he/she go to Dog Parks?    \_\_\_\_\_ times per month

How often do you take your dog for a walk?    \_\_\_\_\_ times per week    \_\_\_\_\_ times a day

Have you boarded your dog before?    Kennel    Cage-free    Where? \_\_\_\_\_

Where does your dog stay at home?    Indoor    Outdoor    Both

Have your dog ever escaped from home?    Yes    No    If yes how? \_\_\_\_\_

Can he/she jump or climb over fences?    Yes    No    If yes explain \_\_\_\_\_

**HEALTH**

Is your dog allergic to fleas?    Yes    No

Is your dog allergic to food?    Yes    No    If yes explain \_\_\_\_\_

Is your dog sensitive to shampoo or eye/ear cleaning solution?    Yes    No

Are you (Owner) allergic to fleas?    Yes    No

What do you use to prevent fleas/ticks?    Please list: \_\_\_\_\_

Are you concerned about your dogs weight?    Yes    No    If yes how? \_\_\_\_\_

Does your dog have any sensitive areas on his/her body? \_\_\_\_\_

Does your dog have skin problem such as dry skin, itchy skin, hot spots?    Yes    No  
If yes,when and where? \_\_\_\_\_

Does your dog cough, sneeze, wheeze or exhibit any asthmatic symptoms?    Yes    No  
If yes,when? \_\_\_\_\_

Does your dog have any health problem that we should know about? (such as Joint, Heart, Seizure, Overall health)  
\_\_\_\_\_  
\_\_\_\_\_

**BEHAVIOR**

What does your dog automatically fears or dislikes? \_\_\_\_\_

Has your dog ever bitten a person before?    Yes    No

Has your dog ever bitten other dog/animals before?    Yes    No    If yes explain \_\_\_\_\_

Has your dog ever been bitten by other dog before?    Yes    No    If yes explain \_\_\_\_\_

What commands does your dog know? \_\_\_\_\_

Does your dog have a potty "cue" (ie : "go potty"; "do your business")? \_\_\_\_\_

What are your goals for your dog while staying at TPC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_