



Details on Health, Temperament, Feeding, Playtime, Sleep-time

Name of Doggie: _____

Sick in the past 30 days: Coughing, Sneezing, itches, upset stomach:

Is the Doggie licensed and up to date on their vaccinations (rabies, kennel cough, etc.)?

In the past, has the Doggie ever or have been bitten, attacked or shown any sort of aggression towards other Doggies or People:

Describe the Doggie at the Doggie park – off leash: _____

Doggie been to the Doggie park? _____

Would you be okay with this activity? _____

Describe the Doggie at home with respect to exercise if any at all:

Describe any FEARS / AGGRESSIVE behaviour of any sort that The Doggie has towards, food, raw bones, humans, noises, certain areas of their body being touched:



Describe what would the Doggie do if escaped from a fenced enclosure:

Describe where the Doggie sleeps at home: (Your bed, their own bed, floor, a special spot etc.)

Describe the Doggie toy or food aggression:

Describe the Doggie Feeding schedule at home, any allergies or medical conditions:

Describe the Doggie favourite treats, favourite food:

In signing this I agree that all information on this document is correct to the best of my knowledge.

(Printed Name)

(Signature)