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| **Name and Contact Information** | | |
| **Name** |  | |
| **Phone Number** |  | |
| **Email** |  | |
| **Home Address** |  | |
| **How did you hear about us?** |  | |
| **Dog Specific Information** | | |
| **Name** |  | |
| **Date of Birth / Age** |  | |
| **Breed** |  | |
| **Gender** |  | |
| **Spayed/Neutered? (Yes/No)** |  | |
| **Family / Humans who live in home with dog (names / ages):** | | |
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| **Other Pets in Home (name, age, species, gender, spayed/neutered?):** | | |
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| **Intake Questions:** | | |
| **History / Background** | | |
| **How long have you had your dog?** | |  |
| **Age of dog when acquired** | |  |
| **Where did you acquire your dog?** | |  |
| **Veterinarian and Vaccination Information (REQUIRED)** | | |
| **Veterinarian Name & Address** | |  |
| **Date of last vet visit** | |  |
| * **Rabies exp. date** | |  |
| * **Distemper (DHLPP/DHPP) exp. date** | |  |
| * **Bordetella (BPV) exp. date** | |  |
| **Does your dog have any medical issues that I should be aware of?** | |  |
| **Is your dog on medications and/or other supplements (e.g. CBD, calming aids, etc.)?** | |  |

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| **Home Environment** | |
| **What type/style of home do you live in? (ranch, apartment, bi-level, etc.)** |  |
| **Do you have a fenced in yard?**   * **If YES: what kind of fence?** * **If NO: how do you keep your dog safe when they are outside?** |  |
| **Is your dog crate / kennel trained?** |  |
| **How many hours is your dog left alone per day on average?** |  |
| **Exercise, Enrichment, Nutrition** | |
| **Training:** **Prior training/classes with your dog?**   * **If YES, what kind of training and what tools have been used, if any (e.g. harness, e-collar, clicker, etc.)** |  |
| **Exercise: What is your dog’s daily exercise routine?** |  |
| **Dog Food: What brand dog food does dog eat and how often (once a day, twice a day, etc.)?** |  |
| **Allergies: Known allergies to food/treats?** |  |
| **Rewards: What are your dog’s 3 favorite rewards and/or things to do (food, treats, playing with toys, walks)?** | |
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| **Primary Concerns, Issues, Challenges (provide as much detail as possible)** | |
| **Bite history? If YES: Please provide as much detail as possible** |  |
| **Concern/Issue:** |  |
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