



PET INFORMATION FORM

Please complete and return to moderndogpgh@gmail.com

PET INFORMATION

Name of your Pet:

Gender: Male Female

Spayed/Neutered: Yes No

Breed:

Colors/Markings:

Weight:

Age/Birthday:

OWNER INFORMATION

Owner Name:

Phone Number:

Home Address:

Email:

Secondary Contact

Name:

Phone Number:

PET HEALTH (Must have veterinarian documentation):

Date of Last Check-up:

Date of Last Fecal Exam:

What Flea/Tick do you use?

Vaccination Dates

Rabies..... DHPPV

Parvo..... Bordetella.....

Know Medical Conditions:

.....

.....

Current Medications:

How is medication taken?

Additional information:

.....

DOG WALK INFORMATION

Leash description and location:

Are there any special instructions for walks?

Does your dog try to chase other animals during walks or have other behavioral tendencies? Please explain:

.....

PLAYTIME INFORMATION

Are there any special games your dog enjoys:

.....

PERSONALITY

Does your dog have any aggressions toward other breeds or people: Yes No

If yes, please describe in detail:

.....

Has your dog ever bitten a person or another animal? Yes No

If yes, please describe in detail:

.....

	Yes	No	
Does your dog bark/whimper a lot:	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please describe circumstances/triggers:
Does your dog itch/scratch	<input type="checkbox"/>	<input type="checkbox"/>
Is your dog food/treat aggressive:	<input type="checkbox"/>	<input type="checkbox"/>
Does your dog get frightened easily:	<input type="checkbox"/>	<input type="checkbox"/>

Are there certain spots your dog like/not like to be touched? Please explain:

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What commands does your dog know:

.....

Does your dog have a potty command: Yes No

If yes, please explain:

.....

Is your dog house trained: Yes No

Is there anything else we should know about your dog:

.....

.....

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature

Date