

Riverside Pet Ranch

Client Profile

Client Information

Client Name _____	
Address _____	
Home Phone _____	Cell Phone _____
Work Phone _____	Email _____
Other Phone # _____	

Emergency Contacts

Veterinarian Name _____	Phone _____
Veterinarian Addr _____	
Other Contact _____	Phone _____

Dogs Information

Dogs Name _____	Sex: M F	DOB _____
Breed _____	Color/Markings _____	
Feeding: Quantity/Schedule/Food Type:		
Medication/Supplements? Y N		
Reason for Medication/Supplement:		
Dosage Instructions:		
1. Is your dog altered? Y N		
2. Is your dog on flea/tick preventative? Y N		
3. Is your dog on heartworm preventative? Y N		
4. Is your dog house-broken? Y N		
5. Is your dog destructive? Y N		
6. Does your dog have any past or present injuries or health conditions? Y N		
If yes, describe:		
7. Does your dog have any allergies to foods, treats, or medications? Y N		
If yes, describe:		
8. Has your dog ever jumped or climbed a fence? Y N		
If yes, what was the height of the fence?		

Client Profile

Client Name _____
Dog Name _____

- 9. Has your dog ever been around strange dogs? Y N
If yes, when, and how did he/she react to the other dogs?

- 10. Has your dog ever been aggressive toward another dog? Y N
If yes, describe the situation:

- 11. Has your dog ever been aggressive toward a person? Y N
Ever bitten a person? Y N
If yes, describe the situation:

- 12. Does your dog "mouth" you or nibble you? Y N
- 13. Does your dog guard food, bones, toys, or people? Y N
- 14. Are there any places your dog doesn't like to be touched? Y N
If yes, describe:

- 15. Is your dog fearful of thunderstorms? Y N
If yes, do you give your dog medication? Y N What is the medication and dosage?

- 16. What are the commands your dog understands?

- 17. Describe the social history of your dog and list any fears or anxieties:

- 18. How would you describe your dog's personality? Calm, Shy, High-Energy, etc.

- 19. Describe any other personality traits or characteristics about your dog not covered above: