

Important Pet Information

Any **Allergies** OR **food sensitivity** OR **sensitive stomach problems** ?

If so, please state; _____

Any medical conditions to be aware of?

If so, are they controlled by medication Y / N? Please state the medications if knowledgeable.

I have these **physical difficulties** to be aware of:

No jumping No running No hard play No contact with other dogs Regulated play

Other _____

My diet typically consists of:

Dry Wet Frozen food Dehydrated food Raw food

My dog has the following bathroom related issues: _____

Bitten another dog **Y / N** High prey drive **Y / N** Frightened of storms **Y / N**

Foreign object eater **Y / N** Gravel eater **Y / N** Food Aggressive **Y / N** Toy Aggressive **Y / N**

Aggression with **men** or **women** or **both** **Y / N** please circle if yes.

My dog has these tendencies:

Jumping Mouthing Barking Digging Mounting Ignoring Commands

Other notes (commands or listening tips):
