

Dog 2

Name:

Breed:

Colour:

Sex: M / F Desexed: Y / N

Age/DOB:

Microchip Number:

Worm/Flea treated? Yes /No

Product used:

Date Last used:

C5/C3 date last administered: / /

Health: (any previous operations, injuries, etc)

.....

Any known allergies. Yes / No

Type of allergy:

Training level: Nil /Basic /Moderate /Full

Is your dog mainly inside at home? Yes / No

Does your dog socialise well with other dogs? Yes / No

Is your dog quiet or excitable?

Does your dog react to loud noises or sudden movement, new environment? Yes / No

How often do you exercise your dog?

What is the intensity of the exercise?

How would you describe your dog's energy level? High / Medium / Low

What is your dog's favourite toy?.....

How would your dog react if someone or another dog took their bed or toy?

.....

Is there any dog breed, size or colour that your dog becomes nervous around?.....

Is there anything else you think we should know?

Dog 3

Name:

Breed:

Colour:

Sex: M / F Desexed: Y / N

Age/DOB:

Microchip Number:

Worm/Flea treated? Yes /No

Product used:

Date Last used:

C5/C3 date last administered: / /

Health: (any previous operations, injuries, etc)

.....

Any known allergies. Yes / No

Type of allergy:

Training level: Nil /Basic /Moderate /Full

Is your dog mainly inside at home? Yes / No

Does your dog socialise well with other dogs? Yes / No

Is your dog quiet or excitable?

Does your dog react to loud noises or sudden movement, new environment? Yes / No

How often do you exercise your dog?

What is the intensity of the exercise?

How would you describe your dog's energy level? High / Medium / Low

What is your dog's favourite toy?.....

How would your dog react if someone or another dog took their bed or toy?

.....

Is there any dog breed, size or colour that your dog becomes nervous around?.....

Is there anything else you think we should know?