



HEALTH & GROOMING:

What is the flea/tick treatment that you use? _____

Does your dog have any sensitive areas on his/her body? If so, please describe. _____

Where are your dog's favorite petting spots? _____

Does your dog suffer from any of the following: (please check all that apply, describe)

___ Flea allergies / Contact allergies / Food Allergies _____

___ Heart murmur or any other circulatory conditions _____

___ Arthritis, hip/elbow dysplasia or any other bone-related conditions _____

___ Severe separation anxiety _____

___ Constipation/loose stool, coprophagy (poop eating), gas _____

___ Dry skin, cracked foot pad(s), flaky/cracking nails _____

___ Eye problems: cataracts, growths, dryness, cherry eye, repeat infections _____

___ Repeat bladder or urinary tract infections _____

___ Other: _____

BEHAVIOR:

Has your dog ever bitten someone? _____ If so, what were the circumstances? _____

Has your dog ever climbed/jumped a fence? _____ If so, how high was the fence? _____

Does your dog have any problems in the following areas:

Mouthiness, house training, barking, digging, ignoring commands, scared of certain noises _____