

# DOG PROFILE

Name \_\_\_\_\_

Male / Female

City License Number \_\_\_\_\_

Spayed / Neutered: Y / N

Breed \_\_\_\_\_

Microchipped: Y / N

Age/DOB \_\_\_\_\_

Dog door: Y / N

Color (s) \_\_\_\_\_

Distinguishing features \_\_\_\_\_

Favorite toys/games \_\_\_\_\_

Food allergies/restricted foods \_\_\_\_\_

Major medical conditions (past or present) \_\_\_\_\_

Medications (name, dosage, frequency) \_\_\_\_\_

Has your dog ever shown signs of aggression towards a person or other animals/dogs (hackles, growls, lunges, air snaps, contact bites) Y / N if yes, explain: \_\_\_\_\_

\_\_\_\_\_

Any restricted exercises by your Veterinarian? \_\_\_\_\_

Any limited or impaired sensory functions (deaf/blind) \_\_\_\_\_

Any behavioral concerns or issues (resource guarding behaviors, storm phobias, noise phobias, separation anxiety, sibling rivalry, chewing, doesn't like tail touched, etc.) \_\_\_\_\_

\_\_\_\_\_

**INITIAL HERE X** \_\_\_\_\_