



DOGS NAME _____ **BREED** _____

OWNERS NAME _____

ADDRESS _____

PHONE HOME _____ **WORK** _____

CELL _____

E-MAIL ADDRESS _____

DOGS INFORMATION

FOOD

HOW MANY CUPS _____ **WATER ADDED** _____ **CAN FOOD** _____

DOES DOG PROTECT BOWL _____ **RESPOND TO TREATS** _____

DOES YOUR DOG GET ALONG WITH OTHER DOGS _____

DOES YOUR DOG URINATE WHEN APPROACHED _____

DOES YOUR DOG INDULGE IN SELF MUTALATION _____ **IF YES,**
EXPLAIN _____

IS YOUR DOG ON ANY MEDICATION _____ **IF YES, EXPLAIN** _____

DOES YOUR DOG BITE OR HAS IT EVER BITTEN ANYONE _____ **IF**
YES, EXPLAIN _____

VETERINARIAN _____

PHONE _____

ADDRESS OTHER THAN VASHON

OTHER COMMENTS OR SPECIAL THINGS WE SHOULD KNOW ABOUT
YOUR DOG _____
