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### EVALUATION SHEET

**Owners Name:** \_\_\_\_\_ **Dogs Name:** \_\_\_\_\_

Does your dog have any food restrictions? Yes No  
If so, please list: \_\_\_\_\_

Does your dog on any medications? Yes No  
If so, please list: \_\_\_\_\_

Is it ok to give your dog treats during the day? Yes No

Does your dog have hip dysplasia or arthritis? Yes No  
If yes, what restrictions need to be placed on your dog's activities or movements?  
\_\_\_\_\_

Does your dog have allergies? Yes No  
If yes, please explain. \_\_\_\_\_

Does your dog act afraid of any specific items or noises?  
If yes, please explain. \_\_\_\_\_

Has your dog ever growled at someone?  
If yes, what were the circumstances. \_\_\_\_\_

Does your dog have problems in any of the following areas? If yes, please explain.

Mouthiness	Yes	No
Barking	Yes	No
Jumping	Yes	No
Humping	Yes	No
People/Dog Aggression	Yes	No

Has your dog ever growled or snapped at someone who has taken his/her food or toys away? Yes No  
If yes, what were the circumstances? \_\_\_\_\_

Other comments about your dog that you feel might be helpful: \_\_\_\_\_

**CLIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_