



EVALUATION SHEET

Owner's Name: _____ Dog's Name: _____

- Is it okay to give your dog treats during the day? Yes No
- Does your dog have any food restrictions? Yes No
 If so, please list: _____
- Are there any pre-existing conditions our facility should be aware of? Yes No
 If so, please advise: _____
- Is your dog on any medications? Yes No
 If so, please list: _____
 Describe the condition treated by the medication(s). Use reverse side if necessary.

- Does your dog have hip dysplasia or arthritis? Yes No
 If yes, note restrictions that need to be placed on your dog's activities or movements.

- Does your dog have any sensitive areas? Yes No
 If yes, please explain. _____
- Does your dog have allergies? Yes No
 If yes, please explain. _____
- Does your dog act afraid of any specific items or noises? Yes No
 If yes, please explain. _____
- Has your dog ever growled at someone? Yes No
 If yes, explain the circumstances. _____
- Has your dog growled or snapped when his/her food or toys are taken away? Yes No
 If yes, explain the circumstances. _____
- Is your dog micro-chipped? Yes No
- Does your dog have issues in any of the following areas? If yes, please explain.

		Explain:	
Mouthiness	Yes		No
Barking	Yes		No
Jumping on people/dogs	Yes		No
Jumping over fences	Yes	How high?	No
Getting under fences	Yes		No
Escaping enclosures	Yes		No
Humping	Yes		No
People/dog aggression	Yes		No
Being crated	Yes		No

Does your dog play well with other dogs?
 If no, please explain. _____

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

CLIENT SIGNATURE: _____ **DATE:** _____