

CERVANTES

DOG TRAINING & REHABILITATION



Owner's Information:

Name: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact #1:

Name: _____

Phone: _____

Emergency Contact #2

Name: _____

Phone: _____

Dog's Name: _____

Age/Approximate Age: _____

Medical Information:

Has your dog been spayed or neutered? _____

Has your dog had any of the following communicable diseases/conditions in the last 60 days?

-Kennel Cough

-Oral Papillomas

-Conjunctivitis

-Diarrhea

-Ear Mites

-Fleas

-Parvovirus

-Blood in stool or urine

-Worms/Parasites

If so, please identify and describe: _____

Are there any other conditions we should be informed of? _____

If so, please identify and describe: _____

Is your dog on medication or supplements? _____

If so, list them here:

Has your dog ever had a life-threatening illness/is your dog immune suppressed? _____

If you answered yes, please identify and describe: _____

Does your dog have any restrictions that effect the ability to participate in physical activities or movement? _____

If yes, please describe: _____

Is your dog treated for fleas/ticks? _____

Type of flea/tick prevention: _____

****Please attach a copy of your dog's current vaccination record. This record must include Rabies, Distemper, and Bordetella.****

Training and Behavioral Information:

Has your dog received any other training? _____

If so, please name the trainer and describe below: _____

Does your dog tolerate being crated? _____

If no, please describe: _____

Is your dog house trained? _____

If no, please describe: _____

Would you describe your dog as overexcited? _____

If yes, please describe the circumstance: _____

Would you describe your dog as reactive? _____

If yes, please describe: _____

Does your dog socialize with other dogs? _____

Please describe: _____

Does your dog mount other dogs? _____

If yes, in what circumstance and how often? _____

Does your dog mount people or objects? _____

If yes, in what circumstance and how often? _____

Does your dog urinate uncontrollably when excited or afraid? _____

If yes, please describe: _____

Does your dog jump on people? _____

Has your dog shown any signs of aggression towards other dogs seen below? _____

- Lunging -Showing teeth -Growling
- Snapping -Nipping -Biting

If yes, please describe: _____

Has your dog shown any signs of aggression towards people seen below? _____

- Lunging -Showing teeth -Growling
- Snapping -Nipping -Biting

If yes, please describe: _____

Has your dog ever nipped or bitten another dog? _____

If yes, please describe and indicated severity: _____

Has your dog ever nipped or bitten a person? _____

If yes, please describe and indicate severity: _____

Does your dog bark or whine excessively? _____

If yes, please describe: _____

Does your dog play bite or mouth? _____

If yes, please describe: _____

Does your dog chew destructively? _____

If yes, please describe: _____

Does your dog come when called? _____

Does your dog follow your commands? _____

Has your dog ever bolted away from you or through doors and been hard to retrieve? _____

If yes, please describe: _____

Has your dog ever guarded toys/objects, food, treats, space or people? _____

If yes, please describe: _____

Would you describe your dog as shy? _____

Does your dog stress easily? _____

Does your dog pull on leash? _____

Does your dog have separation anxiety? _____

Please provide any additional information that you feel we should know to ensure the wellbeing of your dog and others: _____
