

Dog Information

Alex Brooks Midwest Canine Behavioral & Socialization Center

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

Dog's Sex: Male Female Neutered/Spayed: Yes No

Breed: _____ Dog's Birthday: ____/____/____

Weight: _____ lbs Color: _____ Markings (if any): _____

Where did you get your dog? _____

Has your dog shown any aggressive tendencies toward dogs? _____ humans? _____

Health History:

Has Current Rabies, Distemper & Bordetella: Yes No

Dates given: Rabies _____ DHLPP: _____ Bordetella: _____

Veterinary Hospital: _____ Doctor: _____

Address _____

Phone: (_____) _____

Does your dog have any special medical conditions or allergies? : Yes No

If yes, please specify: _____

Special medical care required (if any): _____

Will we be administering medication(s)? Yes No

Type I _____ Amount _____ Times per day _____

Type II _____ Amount _____ Times per day _____

Dietary instructions:

Will you be providing your own food? Yes No

Type of Food: _____

Amount of food: _____ cups Number of feedings per day: _____

Special instructions for the dog: _____

Emergency Contact Name: _____

Emergency Contact Telephone Number: (_____) _____