

Unleashed Dog Profile Form

Name of Primary Contact Person:	Phone Number(s):
Address:	

Dogs Name:	Gender (M/F):	Altered: (Y/N)	Birthday:	Breed:
Color:	Markings:	Brand of Food:	How much per meal?	How many times a day?

Describe any allergies or medical conditions we should be aware of, along with any medications your dog takes.

Has your dog ever been to daycare? If yes, how did he/she like it? _____

Do you take your dog to playgroups at parks, the beach, etc? _____

Does your dog show any signs of reactivity to other dogs? (Large/small, male/female?)

Does your dog act possessive of toys or food?

Has your dog ever been reactive to a person? If yes, what was the situation?

Has your dog attended obedience training classes? Or gone through behavior sessions?

Any other behavioral things to note for our records?
