



718.622.0600 / Info@HouseBrokenNY.com

DOG QUESTIONNAIRE

General

Date: _____

Dog's Name: _____ Breed: _____

Age: _____ Sex: _____ Spayed/Neutered: _____

Desired Walking Time(s): _____

Human Name: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Emergency Contact (name, phone number): _____

Veterinarian (name, address, phone number): _____

Health

What has your dog been vaccinated for, and when was his/her last vet check-up? _____

Does your dog have any allergies? _____



Does your dog take any medication? _____

Are there any health problems or activity constraints we should be aware of? _____

Personality and Behavior

How long have you had your dog? _____

If your dog was adopted/rescued, do you know about his/her previous history? If you do know, please describe.

Is your dog afraid of anything (e.g., loud noises, bicycles, cars, kids, etc.)? _____

How does your dog react to cats and squirrels? _____

How does your dog get along with other dogs? _____

How does your dog react to strangers (adults and children)? _____

Has your dog ever bitten a person? If the answer is "yes," please describe. _____



Where does your dog like to be petted? _____

What are your dog's favorite toys/treats? _____

Please provide any other information about your dog that you feel would be helpful (e.g., feeding, watering, leash instructions, etc.):

Please e-mail your completed form to: Info@HouseBrokenNY.com