



Dog's Name: _____ DOB: _____ Weight: _____

Breed: _____ Gender: _____ Spayed or neutered? Yes No

Veterinarian: _____ Phone: _____

From your home, where is the closest emergency veterinarian? _____

How long have you had this dog? _____ Is this your first dog? Yes No

Where did you get your dog? (shelter, breeder, etc) _____

Why did you choose this dog? _____

Who does the dog belong to? Me Family Partner Other _____

Who is responsible for taking care of the following:

Feeding: Me Share with: _____ Other: _____

Exercising: Me Share with: _____ Other: _____

Grooming: Me Share with: _____ Other: _____

Toileting: Me Share with: _____ Other: _____

Medications: Me Share with: _____ Other: _____

If you are hospitalized, who will be responsible for taking care of the dog? _____

The dog spends the majority of their time? Inside Outside Day Care

Do you use a: Crate Gate Tether Fenced in yard Vehicle Dog Restraint

Other: _____

How long and what type of exercise does the dog get each day? _____

Has your dog had previous training? Yes No If yes, describe: _____

Are you currently taking your dog out in public (stores, dog parks, socializing)? Yes No

If yes, describe _____

Where would you like to be able to take your dog that you can't now? _____

Not including emotional support or companionship, what tasks do you think your dog can be trained to help with your disability? _____

How does your dog interact or behave during these situations (check all that apply):

	Friendly	Curious	Excited	Anxious	Fearful	Barking	Growling	Aggressive
People in household								
Pets in household								
Known Dogs								
Unknown Dogs								
Male Friends								
Female Friends								
Children								
Strangers in Home								
Strangers in Public								
Delivery Drivers/ Mail Carrier								
Riding in a Vehicle								
Fence Line								
Passing Vehicles								
Passing Bikes								

List any fears your dog has, if any: _____

Has your dog ever bitten another animal or person? Yes No

If yes, please explain: _____