



Charleston Dog House, LLC

Pet Information Form

Owner Name: _____ Pet Name: _____
 Breed: _____
 Sex: _____ Size: _____ Weight: _____
 Color: _____
 Markings: _____
 Neutered/Spayed: _____ Microchip #: _____
 Birth Date (m/d/yr): _____
 Veterinarian Clinic: _____ Telephone #: _____

Behavior Questions

<u>Behavior Questions</u>	Yes	No	Comments
Has your dog been successfully socialize with other dogs?	_____	_____	_____
Has your dog been successfully socialized with men/women?	_____	_____	_____
Is your dog aggressive with strangers?	_____	_____	_____
Is your dog aggressive on walks towards people?	_____	_____	_____
Is your dog aggressive on walks towards other animals?	_____	_____	_____
Has your dog ever bitten a human or other animal?	_____	_____	_____
Has your dog ever been in training classes?	_____	_____	_____
Has your dog been in day care before?	_____	_____	_____

Please check the following behavior issues that apply:

Separation anxiety	_____	Picky Eater	_____
Nips in play	_____	Jumps Up	_____
Toy possessive	_____	Runs away	_____
Food Allergies	_____	Shy	_____
Barks excessively	_____	House soils	_____
People possessive	_____	Allergies	_____
No grabbing by collar	_____	Stool eater	_____

Is there anything else we need to know about your dog: _____

I hereby attest to the fact that I have answered all of the above questions to the best of my ability. I further attest that my pet has never bitten a human or other animal.

 Signature

 Date