

AGILITY PET RESORT

DOGS NAME _____ **BREED** _____

OWNERS NAME _____

ADDRESS _____

PHONE HOME _____ **CELL** _____

E-MAIL ADDRESS _____

DOGS INFORMATION

WHAT COLOR IS DOG _____ **COLOR OF COLLAR** _____

FAVORITE FOOD _____

CAN FOOD BOWL BE KEPT FULL _____ **IF NOT NEXT LINE DOWN**

HOW MANY CUPS _____ **HOW OFTEN** _____

DOES DOG PROTECT BOWL _____ **RESPOND TO TREATS** _____

BATHROOM TIMES _____ **AM** _____ **NOON** _____ **PM**

DOES YOUR DOG GET ALONG WITH OTHER DOGS _____

DOES YOUR DOG URINATE WHEN APPROACHED _____

DOES YOUR DOG INDULGE IN SELF MULITION _____ **IF YES**

EXPLAIN _____

IS YOUR DOG ON ANY MEDICATIONS _____ **IF YES EXPLAIN**

DOES YOUR DOG BITE OR HAS IT EVER BITTEN ANYONE _____

IF YES EXPLAIN _____

DOES YOUR DOG RESPOND TO ANY COMMANDS, AND WHICH

ONES _____ **COME** _____ **STAY** _____ **LAY** _____ **SIT** _____ **SPEAK**

VETERINARIAN _____

ADDRESS _____

PHONE# _____ **OFFICE HOURS** _____

OTHER COMMENTS OR SPECIAL THINGS ABOUT YOUR DOG _____

