

Please complete	the information	on below for each	dog visiting Adventure Dog Ra	anch!
General:				
Owner(s) Name:		Phone #:	Date:	
Dogs Name:		Breed:		
Sex: Male / Female (Ple	ease circle one)	Neutered / Spay	yed? Yes / No (Please Circle (One)
Age	Date of Bir	rth:	Approx Weight:	
Color / Markings:				
Do you use a Flea Progra	am for your do	og? Which One?		
Does your pet have any A	Allergies (Foo	d or Other):		
Does your dog have any	health issues	that will limit mo	ovement or activity?	
Describe:				
Medications:				
Name:		Name:		
Reason Prescribed:		Reason Prescribed:		
Frequency & Dosage:		Frequency & Dosage:		
Notes/Comments:				
Food:				
What type / brand of food	l does your do	og eat?		
Amount: Number of Times Per Day:				
Dietary Restrictions (if an	y):			
Activity:				
How active is your dog?				
Has your dog enjoyed oth	ner dog ranch	es or daycares?	Yes / No (circle one) If Yes W	/hich ones?

Have you visited Off-Leash Dog Parks? Y / N (circle one) Any issues in that environment?

Adventure *pog Ranch*

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Favorites and Fun:

What is your Dog's Favorite thing to do? _____

Favorite Treats? _____

Favorite Place(s) to be scratched or petted?

Any Other Likes or Dislikes We should know about?

Behavior:

Is there any particular type of person your dog tends to fear or dislike?

Is your dog okay with puppies? Yes / No if No please describe _____

How does your dog react to large or Dominant Dogs?_____

Has your pet ever acted aggressively towards anyone who tried to take its food or toys away?

Has your dog ever bitten anyone hard enough to draw blood?

Details: _____

Has your pet ever been involved in an episode /altercation severe enough that stitches were required?

Is your dog overly protective around yourself or other family members?______Explain:______

How did you hear about Adventure Dog Ranch?

Are you interested in having our Trainer work with your dog to resolve any behavioral issues while your pet is with us?_____

Details:_____

Anything Else We Should Know about?_____

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