



*** Dancing Paws Dog Information ***

Client Name: _____

Dog's Name: _____

Age: _____ Breed/Color: _____

Sex: M___ F___ Birthday: _____

Feeding Information:

Type(s) of food: _____

Meal Schedule: _____

Supplements, vitamins, treats etc.: _____

Location of food & water bowls: _____

Additional feeding info: _____

Special handling (ex: aggression, deafness or blindness, medical conditions, etc.):

Doggie traits: yes no additional info:

Doggie traits:	yes	no	additional info:
Friendly with other dogs			
Likes new adults			
Likes children			
Fearful of loud noises			
Eats well when stressed			
Obeys basic commands			
Has shown aggression			
Is prone to chewing			
Is prone to digging			
Is allowed off the leash			
Comes when called			

Favorite place to sleep: _____

Favorite hiding place: _____

Favorite toy(s)/games: _____

Other information specific to your dog:
