

PUPPERIE PAWS IN MOTION

Pet Profile

Name: _____ Date Of Birth: _____ Male/Female

Breed: _____ Spayed/Neutered _____ Micro-chipped _____

If yes, with which registry company? _____

Describe your pets' temperament/personality: _____

What are your pet's favorite toys?

Does (s)he like to play fetch?

What words does (s)he know? (Please circle all that apply)

Sit Stay Come Wait No Down Lay Down Outside Walk Nice

Make Poo Go Potty Drop It Off No Jump Don't Pull

What words/behavior, if any, would you like her/him to learn?

Would you like her/him to learn any tricks? (Please circle if any apply)

High Five Wave Spin Sit Pretty Play Dead Roll Over

Is your dog currently on medication? Yes No

If yes, what is the name of the medication and for what is (s)he being treated?

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Does your dog have any allergies? Yes No

If yes, what is (s)he allergic to? _____

May (s)he walk and or play with Becker, my King Charles Cavalier?

Yes No Maybe