

**Daily Wag Dog Profile**

Name of owner: \_\_\_\_\_

Name of Dog: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F Spayed/Neutered: YES\_\_\_ NO\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Special Markings: \_\_\_\_\_

Is your dog house trained? YES \_\_\_ NO \_\_\_ Is your dog kennel trained? YES \_\_\_ NO \_\_\_

Do you allow your dog to have treats? YES \_\_\_ NO \_\_\_

Are there any types of treats you prefer your dog not to have? \_\_\_\_\_

Please give us full instructions for feeding: \_\_\_\_\_

Please describe your leashes: \_\_\_\_\_

Are there any special games your dog enjoys? \_\_\_\_\_

Does your dog need extra rest periods? YES \_\_\_ NO \_\_\_

Does your dog have any sensitive spots on the body? YES \_\_\_ NO \_\_\_

If yes, please explain. \_\_\_\_\_

Has your dog ever bitten or been bitten? YES \_\_\_ NO \_\_\_

If yes, please explain. \_\_\_\_\_

Is your dog taking any medications at this time? YES \_\_\_ NO \_\_\_

If yes, please explain. \_\_\_\_\_

Is your dog allergic to anything? YES \_\_\_ NO \_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date