

Tanner's Bed & Biscuit Inc
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Client Profile

Welcome to Tanner's Bed & Biscuit! Please provide accurate information to insure the safest, happiest stay for your dog and his canine pals. When completed, please return along with confirmation from your vet of your dog's vaccination status.

Owner Information

Owner Name			
Street Address			
City		State	Zip
Phones: Home	Work	Cell	
Email			
Emergency Contact Name			
Phones: Home	Work	Cell	

Veterinarian Information

Veterinary Hospital			
Primary Vet familiar with dog			
Street Address			
City		State	Zip
Phone	Days/Hours of operation		

Dog Information

Name	Type/Breed	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age	Color	Approximate height/weight		
What age was your dog when you got him/her?		Is your dog spayed/neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Where did you get your dog? (breeder, shelter, friend, etc)				
What type of flea/tick preventative are you using?				

Health/Behavior:

Please describe any allergies or food restrictions your dog may have:
Please describe any hip/joint/arthritis problems or other physical limitations:
What resulting restrictions need to be placed on your dog's activities or movements?
Please list any sensitive areas on your dog's body that he/she does not like touched:
Does your dog like to be brushed? <input type="checkbox"/> Yes <input type="checkbox"/> No Petted? <input type="checkbox"/> Yes <input type="checkbox"/> No
What areas of the body does your dog like to be petted or brushed?
Is your dog crate trained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your dog had any formal obedience/good manners training? <input type="checkbox"/> Yes <input type="checkbox"/> No
What commands does your dog know?
Has your dog ever jumped or climbed over a fence? <input type="checkbox"/> Yes <input type="checkbox"/> No How high?
Does your dog try to escape or sneak through doors? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any other pets? <input type="checkbox"/> Yes <input type="checkbox"/> No What kind (age, sex, type)?
Describe how your dog behaves with the other pets in the household:
How does your dog behave when interacting with puppies?
How does your dog behave when interacting with children?
How does your dog react to unfamiliar dogs or people that come into your home and/or yard?
Please list any particular type of persons or animals (e.g., mailman) that your dog automatically fears or dislikes:
Please list any specific noises or objects that your dog fears or dislikes and his/her reaction to it:

How does your dog show you he/she is happy?
How does your dog show you he/she upset or scared?
Has your dog ever growled or snapped at another person or dog? <input type="checkbox"/> Yes <input type="checkbox"/> No What were the circumstances?
Has your dog ever bitten another person or dog? <input type="checkbox"/> Yes <input type="checkbox"/> No What were the circumstances?
Does your dog growl or snap at anyone attempting to take food or toys away? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to remove things from your dog's mouth? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your dog share toys with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your dog been to any playgroups, dog parks, or other socialization activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe his/her interaction:
What kinds of toys and games does your dog like?
What is your dog's favorite toy?
What type of dogs does your dog prefer to be around (e.g., small, playful, calm, etc)?
Please describe any problems your dog may have with the following:
Jumping
Housetraining
Mouthiness (grabbing but not biting)
Barking
Chewing/destructiveness
Coprophagia (eating feces)
Pica (eating indigestible items - stones, sticks, etc)
Digging
Separation anxiety
Is there any other information regarding your dog that is relevant to the safety of your dog, people, other animals, or property that should be known by Tanner's Bed & Biscuit?

I certify that I have answered the above questions fully and to the best of my ability.

Owner's signature

Date

