

DOG OWNER DATA SHEET & QUESTIONNAIRE



Name:

E-Mail:

Address:

Phone number:

Emergency contact
(Phone number)

Veterinarian:

Dog data:

Name:

Weight:

Date of birth/age:

Breed:

Chip number:

Castrated y/n:

Hormon chip y/n:

Animaldata number:

Origin/breeder:

Liability insurance num-
ber/policy number:

Training:

General medical information about the dog:

- | | | | | |
|---|------------------------------|-----------------------------|--|-------|
| <input type="checkbox"/> Diseases | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> If yes, which | _____ |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> If yes, which | _____ |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> If yes, which | _____ |
| <input type="checkbox"/> Joint problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> If yes, which | _____ |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> If yes, which | _____ |

I HEREBY CONFIRM: MY DOG IS HEALTHY

Date, signature of
dog owner

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Detailed questions about your dog

What is the command to retrieve my dog? _____

Does the dog pull on the leash? Yes No

Training of the dog

Does my dog like to jump on people? Yes No

Is the dog compatible with other females or males? Yes No

Does my dog live with children? Yes No

Does my dog have a hunting instinct? Yes No

Is my dog prone to running away? Yes No

Is my dog food jealous? Yes No

Does the dog like to destroy objects? Yes No If yes: _____

Does it bark and howl and in what situations? _____

Can the dog be alone for a longer period of time? Yes No If yes: _____

Is your dog house-trained? Yes No

Does the dog have other fears e.g. suitcases, scooters, fireworks, thunderstorm or fear of cows? Yes No If yes: _____

Does the dog show aggression in certain situations? Yes No If yes: _____

Did the dog ever bit a human or a dog? Yes No

Does the dog like to drive with the car? Yes No

What and how much does the dog get to eat? _____

How often and at what times? _____

Food intolerances Yes No If yes: _____