Blue Dog Ranch

Dog Evaluation Profile

General Information							
Guardian's Name:							
Dhana Number:							
How did you hear about Blue Dog Ra							
Your dog's name:	me: Date you ad		quired your dog:				
Your dog's breed:							
Is your dog spayed/neutered?:		If yes, at what age w	as this done	e?:			
Where did you get your dog?:							
If adopted, do you have any knowledge of your dog's past history?:							
Has your dog ever been abused by a	previous guardian?:						
Does your dog like children? (YES or	r NO)	How does your dog	behave arou	und children?:			
Are there other animals in your hous	sehold? (YES or NO)	If so, p	olease list ty	pe, sex, and age of	each:		
Has your dog ever been to Dog Day Have you boarded your dog before? What are your goals for your dog wh	(YES or NO)	Where?:					
HEALTH AND GROOMING							
Does your dog have a problem with	fleas?:	Allergi	ies?:				
Do you use any flea products on your dog? (Frontline, Advantage, etc.):							
When was your last application of flea medication?:							
Does your dog have hip dysplasia? (YES or NO)						
Is your dog on any medication now?	(YES or NO)	If yes, for what reason	on?:		<u></u>		
Has your dog ever been on medicati	on recently? (YES or	NO) If yes,	for what rea	ason?:			
Does your dog have any injuries, hot staff should be aware of?:	t spots, irritations, sk	•	ges, stitches	or other problems	our		
Does your dog have any medical cor	nditions that limit yo	ur dog's activities or	movements	?:			
Does your dog cough, sneeze, whee	ze or exibit any asthr	matic symptoms? (Y	ES or NO)				
Does your dog like to be brushed? (YES or NO)							
How does your dog react to having his/her nails clipped? (please note that this will not be done unless it is a service requested)							
Does your dog have any sensitive are):					

Has your dog had any surgeri	es in the past?:		
	В	ehavior	
Please check all boxes that be	est describe your dogs tempe	erment:	
Laid back	Playful	Excitable Sh	ny Dominant
Aggressive			
Does your dog act afraid of a	ny specific items or noises? (Y	'ES or NO) If so, please explain: _	
How does your dog react to s	trangers coming into your ho	me or yard?:	
Does your dog ever bark or g	rowl at anyone passing outsic	le your home or yard?:	
Does your dog suffer from se	paration anxiety? (YES or NO)	If so, what happens?:	
Are there any kinds of people	e your dog automatically fears	s or dislikes? (ie: men, people in u	niforms, etc.)
Are there any kinds of dogs y	our dog automatically fears o	r dislikes?:	
Are there any circumstances	where your dog is aggressive	with other dogs? (YES or NO) Plea	ase explain:
Does your dog go to dog park Would you consider your dog		t" or more of a "submissive" type	of personality?:
		were the circumstances?:	
Has your dog ever bitten som	neone? (YES or NO) What wer	e the circumstances?:	
Does you dog have any probl	ems in the following areas: (if	so, please explain)	
Digging	Jumping	Doesn't listen	Shy
Chewing	Aggression	House breaking	Barking
Pulls leash		Running away	Growling
Other:			
		taken his/her food or toys away f	
Has your dog ever shared his,	/her food or toys with other a	nimals?:	
		kind of toys does your dog like, a	
do he/she play?:			