

**Additional Information about your pet.**

Please answer accurately so that we can have the most successful experience together! Thank you for your time.

**Is your dog:**

1. Current on vaccinations? \_\_\_\_\_

2. Well potty trained? \_\_\_\_\_

**Does your dog:**

1. Get up on the counter tops? ...Into things?

\_\_\_\_\_

2. Chew on household items like shoes, pillow etc.?

\_\_\_\_\_

3. Dig holes or try to escape? (dig under fence... the yard is fully fenced)

\_\_\_\_\_

4. Walk well on a leash?

\_\_\_\_\_

5. Come when called?

\_\_\_\_\_

4. Get along well with other dogs?

\_\_\_\_\_

5. Get on furniture?

6. Sleep on their own bed?

\_\_\_\_\_

**Has your dog:**

7. Ever stayed with other people? \_\_\_\_\_

8. Experienced separation anxiety (or any anxiety) \_\_\_\_\_

9. Ever displayed aggression toward other dogs or people? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pet Owners Signature

Date