

Canine Care Survey

CLIENT INFORMATION

Last Name _____ First Name _____
Street Address _____
Apt # _____ Zip _____
Social Security Number _____
Home Phone Number _____
Work Phone Number(s) _____
Mobile Phone Number(s) _____
Emergency Contact (local relative or friend) _____
Which one number is the best to reach you while you are away? _____

PET INFORMATION

Name of pet(s) _____
Breed of pet(s) _____
Pet's date(s) of birth _____
Male(s) or Female(s) _____
Is he/she neutered/spayed? YES _____ NO _____
Are your pets current with their rabies shots? _____ Expiration? _____
Are your pets current with their vaccinations? _____
Is your pet currently taking any medications? _____
If yes, for what? _____
Has your pet undergone any major surgeries? _____
If yes, for what? _____
Are there any health concerns we should be aware of (i.e. arthritis, epilepsy, limping, colitis, cysts, etc.)? _____
Does your dog like to eat stuff he/she should not? _____
Has your dog ever bitten a person? YES NO
If yes, describe the circumstances. _____

Has your dog ever bitten another dog? YES NO
If yes, describe the circumstances. _____

How would you describe your pet's temperament towards people who are strangers (i.e. friendly, timid, excitable, indifferent)? _____
If someone entered your home without ever having met your pet, how do you suppose your pet would react? _____
How would you describe your pet's temperament towards other pets? _____

Does your pet exhibit any forms of separation anxiety (i.e. whining or barking when you leave, scratching at the door, etc.)? _____

Is your pet destructive (i.e. chewing on shoes, wetting carpets)? _____

Is your pet possessive of territory, toys or food around people or other pets? _____

Does your pet become stressed in a car? _____

Is your pet prone to motion sickness when traveling in the car? _____

If you have a fairly regular schedule, around what time does your dog(s) receive his/her last walk before you leave and first walk when you return? _____

When and what is your pet usually fed? _____

Where is the food or treats kept? _____

If you are setting up a regular weekly schedule, please fill in the following table.

Please use 15, 30, 45 or 60 minute increments to fill in the duration of visits, and arrival times on the hour or half hour.

Day of Visit	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Duration of Visit							
Ideal Arrival Time							

Please provide information of a veterinarian, which has your pet's latest records.

Name _____ Doctor _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Is there any other pertinent information/special instruction about your pet(s) or home that all Canine Care employees should know about? _____

How did you hear about Canine Care? _____

Do you have any recommendations for trainers, boarding, veterinarian, breeder, groomer? _____

May we copy your key, so the regular dog walker has one set and we have another as a backup set? YES NO

May we walk your dog with other dogs? YES NO

Canine Care representatives carry pagers. May our representatives use your phone to check and/or return pager messages pertaining to work for Canine Care? YES NO

I, (print full name) _____, have read and understand Canine Care's Policies and Survey.

Signed: _____ Dated: _____