



# TURN-IN INFORMATION SHEET

Owner's Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_

(c): \_\_\_\_\_ (fax): \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email: \_\_\_\_\_

Sex: M/F Color: \_\_\_\_\_ Ears: \_\_\_\_\_ Tail: \_\_\_\_\_ Veterinary Hospital: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Address: \_\_\_\_\_

Spayed/Neutered: Y/N Date: \_\_\_\_\_ AKC Papers: Y/N \_\_\_\_\_

Microchip: Y/N Brand: \_\_\_\_\_ Phone: \_\_\_\_\_

DHLP: \_\_\_\_\_ Bordatella: \_\_\_\_\_ Rabies: \_\_\_\_\_

### Heartworm:

HW Med given: Yes/No

Type \_\_\_\_\_ Date last given: \_\_\_\_\_

### Health

Surgeries \_\_\_\_\_

Skin Problems \_\_\_\_\_

Allergies \_\_\_\_\_

Incontinence \_\_\_\_\_

### Obedience Training

Formal Classes: Y/N Type \_\_\_\_\_

Leash manners \_\_\_\_\_

Jumping \_\_\_\_\_

Commands \_\_\_\_\_

Tricks: \_\_\_\_\_

### Disposition:

Activity level: \_\_\_\_\_

Good with:

Children: Yes/No Ages: \_\_\_\_\_

Other dogs: Yes/No

Cats: Yes/No

Small animals: Yes/No

Prey Drive: High \_\_\_\_\_ Low \_\_\_\_\_ Don't know \_\_\_\_\_

### Inside/Outside

Day: \_\_\_\_\_

Night: \_\_\_\_\_

House trained: Yes/No

Free Roam/House: Yes/No

### House Manners

Barker: Yes/No

Fence: Yes/No

Guards Food: Yes/No

On furniture: Yes/No

Bites: Yes/No

On counters: Yes/No

Digs: Yes/No

Chases cars/bikes: Yes/No

### Other

Crate trained: Yes/No

Car rides: Likes/Dislikes

Nail trimming: Likes/Dislikes

Baths: Likes/Dislikes

### Food

Type \_\_\_\_\_

Amount \_\_\_\_\_

Times per day \_\_\_\_\_

Favorite games: \_\_\_\_\_

Favorite toys: \_\_\_\_\_

General Comments/Reason for Turn-In:

Signature: \_\_\_\_\_ Date \_\_\_\_\_