



Carlisle Canines | Linda Rubenstein | www.carlislecanines.com

Linda@carlislecanines.com | 134 Ember Lane Carlisle | 508-397-3401

Pet Questionnaire

Name: _____

Address: _____ Zip: _____

City, State: _____

Phone: (C) _____ (W) _____ (H) _____

Email: _____

Emergency contact name & phone number: _____

Pet's name or nickname: _____ DOB: _____

Breed: _____ Color: _____

Sex: Neutered male Intact male Spayed female Intact female

Veterinarians name & clinic: _____

How long have you had your pet? _____

Is anyone else authorized to pick up your dog? _____

Does your pet suffer from any chronic illnesses (seizures, stress diarrhea, etc.)? _____

Does your dog have any food allergies? If so, please list: _____

Is your dog on any medications or does he/she have any medical problems that we need to be aware of? Please list and explain: _____

Please answer the following questions with as much detail as possible

Does your dog have any separation anxiety, clinginess, or guarding behavior we should be aware of?

Does your dog exhibit destructive behavior when left alone?

Has your dog ever had any aggression with toys, food, water bowls, or anything else?

Has your dog ever bitten another dog? Has your dog ever growled, snapped at, or bitten a person?

Does your dog have any issues with loud noise, thunderstorms, doorbells or vacuum cleaners? If yes, does he/she have medication for this (type and dosage)?

How does your dog normally respond to strangers or other dogs?



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Please list all commands that your dog understands:

Has your dog ever been to a daycare or play park?

Does your dog prefer to play with people or other dogs? _____

Is your pet crate trained? If yes, how long is your pet accustomed to being in the crate on a daily basis? _____

Is your pet housetrained? _____

Is your dog allowed on furniture at home? _____

Does your dog tend to dig holes? _____

Is your dog a flight risk if not on a leash? Or in a fenced in area? Or escaped out of an enclosure? _____

Has your dog ever jumped or climbed a fence? If yes, list type and height of fence. _____

Does your dog bark a lot? _____ If yes is it OK to put on a bark collar? _____

Does your dog have any behavior problem that we should be aware of? (For example, doesn't like small dogs, men, women, children, strangers, other dogs; doesn't like collar or specific part of the body being touched, etc.)

How did you hear about us? _____

Emergency Veterinary Information

If we transport your dog, we need to convey your wishes during your absence. Listed below are some questions that need careful consideration. We want to assume no responsibility for any decision that would normally be made by you, your family, and your personal veterinarian without your approval.

1. If it is life threatening, do you want x-rays taken? Yes____ No____
2. If it is life threatening, do you want blood work done? Yes____ No____
3. If it is life threatening, do you want the vet to do the minimum to keep your dog comfortable until your dog can be transported to your personal vet? Yes____ No____ or do you want the emergency room vet to complete treatment? Yes____ No____
4. If surgery is involved (for example, bloat) please consider the following:
 - a. Complete the surgery no matter the cost
 - b. Complete the surgery with a maximum cost of \$_____
5. If a decision is made not to do the surgery and euthanasia is recommended how would you like to have the emergency room personnel dispose of your pet's body?
 - a. Refrigerate until I return and I will pick up my pet _____
 - b. Private cremation with ashes returned to me _____



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Thank you for taking the time to consider these options. We know it is never easy making such decisions about your dog. All of us are dog lovers and absolutely can relate to these tender decisions.

Owner Signature: _____

Date: _____