

ROBERT HAFFER CANINE BEHAVIOR

NAME _____

ADDRESS _____

PHONE# _____

DOG'S NAME _____

DOG'S AGE _____

DOG'S BREED _____

MALE/FEMALE

SPAYED/NEUTERED

WHERE DID YOU GET YOUR DOG?

- BREEDER _____
- PET STORE _____
- SHELTER _____
- OTHER _____

IS THIS YOUR 1ST DOG _____

IS THIS THE ONLY DOG IN THE HOME _____

HAVE YOU EVER ATTENDED AN OBEDIENCE CLASS _____

WHERE _____

WHAT ARE YOUR GOALS FOR YOUR DOG _____

LIST ANY BEHAVIORAL PROBLEMS _____

HAS YOUR DOG EVER SHOWN AGGRESSION _____

IF SO, EXPLAIN _____

ANY FOOD ALLERGIES _____

WHAT TYPE OF DOG FOOD DO YOU FEED?

NUMBER OF TIMES DOG EATS A DAY _____

ANY MEDICATION DOG TAKES DAILY _____
