GUEST SURVEY

### IF YOU HAVE MULTIPLE DOGS FILL OUT THIS PAGE ONCE PER DOG

Pet Name: Breed: Pets Weight:

Pets Birth Date: Color: Sex M or F

Feeding: Brand name of Food: (you are required to bring your own food)

What time do you feed?

How Much each each feeding?

-Does your Pet Require Daily Medication? YES or No

**If YES, please clearly explain in detail the med(s) and the dosage(s) even if it’s on the bottles** :

-Has your pet ever bitten anyone? YES or NO

If YES, please explain in detail who and why :

-Has your dog ever attacked another dog or a cat?

-How does your dog react to other dogs AND cats?

-What verbal commands does your pet understand

-Does your pet have any extra sensitive areas

-Does your pet have any allergies?

-Does your pet have any disabilities

-How does your pet react to strangers?

-What is your pets activity level? Couch Potato? Mild Exerciser? Athlete?

-What kind of games does your pet like to play with you?

-Does your pet jump up on people? YES or NO

-Describe a situation where you pet may growl:

-Is your pet frightened or nervous around other animals? YES or NO

If YES, please explain which ones and why

-What behaviour does your pet exhibit when they are frightened/fearful:

-How does your pet react during storms: