



Raise The Ruff Pet Services

Susan Swanberg, Owner / Pet Lover (360) 485-7100 call or text
www.raisetheruffnv.com

:: DOG QUESTIONNAIRE ::

Dog name: _____ Age: _____ Male / Female _____
 Spayed / Neutered _____
 Breed(s): _____ Shots up to date? YES NO
 Is your dog micro-chipped? YES NO Medications? YES NO

My dog **loves** (please list any particular dogs, toys, activities, treats, etc.):

My dog **dislikes** (please list particular dogs, fears, triggers, dietary restrictions, etc.):

Commands your dog knows: _____

Does your dog get along with other dogs and/or children? YES NO If no, explain _____

Has your dog ever bitten another dog or person? YES NO If yes, explain _____

What are your dogs feeding instructions? How often and what times? _____

Is there anything in particular we should be aware of when walking your dog? _____

Client (print name)

Client

Date

Business Owner

Date