



## Dog's Information

Dog's name: \_\_\_\_\_

Sex (circle): Male      Female      Spayed/Neutered?      Y / N

Birthday: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Distinctive Markings: \_\_\_\_\_

Microchip Company and Number: \_\_\_\_\_

Tattoo Description and Location: \_\_\_\_\_

Town of Canmore licence #: \_\_\_\_\_

Out-of-town city and licence #: \_\_\_\_\_

## Owner's Information

Owner's Name (1): \_\_\_\_\_

Owner's Name (2): \_\_\_\_\_

Full address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number (1): \_\_\_\_\_

Emergency Contact Phone Number (2): \_\_\_\_\_

How would you like us to notify you when your dog has completed his/her Adventure?

(  ) Email      (  ) Text  
Address: \_\_\_\_\_ Number: \_\_\_\_\_ No Thanks \_\_\_\_\_

Would you like to receive emails offering discounted Adventures when we have a last minute cancellation?      Y / N

## Medical Information

Date of last rabies vaccine: \_\_\_\_\_

Date of last parvo virus vaccine: \_\_\_\_\_

Date of last kennel cough vaccine: \_\_\_\_\_

Vet Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Vet's Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Known medical issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever had surgery (other than spay/neuter)? Y / N  
Please provide details : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog ever had a broken bone? Y / N When? \_\_\_\_\_  
Please provide details : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog have arthritis? Y / N Specify location(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies or sensitivities (including allergies to medications):  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications your dog takes, including dosage and frequency:  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, or suspected medical problem, please check one of the following:

Please take my dog to the vet immediately. I understand that I will be responsible for paying any costs incurred.

Please try to contact me prior to taking my dog to the vet. I understand that I will be responsible for paying any costs incurred.

Please try to contact me, and then try to contact my emergency person prior to taking my dog to the vet. I understand that I will be responsible for paying any costs incurred.

## Behaviour

**Please check any of the following behaviours that you have witnessed in your dog:**

( ) Leash aggression	( ) Play that escalates to aggression
( ) Dog aggression	( ) Dominance behaviours
( ) Food aggression	( ) Excessive barking
( ) Biting/nipping people	( ) Aggression towards intact male dogs
( ) Rough play	( ) Possessive/protective towards toys/people/other dogs

**Does your dog have a high prey drive?** Y / N

If yes, with which animals?

( ) Small dogs	( ) Coyotes
( ) Cats	( ) Bears
( ) Squirrels	( ) Cars
( ) Birds	( ) Bicycles
( ) Rabbits	( ) Other
( ) Deer/Elk/Moose	( ) Anything that moves/runs

**Please indicate your dog's response to any of the above:**

- ( ) No response / Ignores the animal(s)
- ( ) Barks at the animal(s)
- ( ) Runs towards the animal(s), but then backs off
- ( ) Runs away from the animal(s)
- ( ) Chases the animal(s) with playful intent
- ( ) Chases the animal(s) with aggressive intent

**Is your dog sensitive to being touched/examined in any of the following areas?**

Does your dog have any anxieties/fears/phobias?  Y /  N

If yes, what is the trigger and how do you deal with your dog's response?

Please list any behaviour issues you feel we should be aware of:

## Obedience / Training

Has your dog participated in any obedience training/classes? Y / N  
If yes, please provide details: \_\_\_\_\_

What, if any, is the main training problem you would like to work on with your dog?

Please list the command(s) that your dog knows for any/all of the following actions:

Come \_\_\_\_\_  
Sit \_\_\_\_\_  
Stay \_\_\_\_\_  
Lay Down \_\_\_\_\_

Heel \_\_\_\_\_  
Drop it \_\_\_\_\_  
Leave it \_\_\_\_\_  
Release word \_\_\_\_\_

On a scale of 1-5, please rate your dog's level of recall (circle one):

1 Not Reliable      2      3 50% Reliable      4      5 100% Reliable

To ensure consistency with your training, please list any rules your dog must obey while in our care:

Does your dog go in a crate after his/her Adventure? Y / N  
If yes, please list any treats/kongs/toys we should give your dog when he/she goes into the crate:

## Food / Treats

What brand of food does your dog eat? \_\_\_\_\_

Amount and frequency: \_\_\_\_\_

Please list any additives, supplements or additional foods your dog eats with his/her meals:

Is your dog allowed treats? Y / N

If yes, please check one:

Any treats       Specific brand(s) : \_\_\_\_\_

