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An Insight to Your Dog's Behavior

(Please Check all that Apply)

Date: _____ (mm/dd/yyyy)

My Dog...

Has played in a group of dogs before: Yes No

Is friendly with:

All dogs Calm dogs Small dogs Large dogs

Acts out to select dogs on walks/dog park situations: Yes No

Is protective over:

Food People Housing Toys Other: _____

Play style with other dogs: Confident/Alert Timid Neutral

Energy Level:

High Medium Low Other: _____

Is anxious around:

Strangers Men Women Storms Other Dogs Male/Female Dogs

Is sensitive/allergic to certain foods: Yes No

Sensitivities: _____

Allergies: _____

My Dog Likes...

- | | |
|---|--|
| <input type="checkbox"/> Balls/Playing Fetch | <input type="checkbox"/> Lunging/Barking at Squirrels, Birds, Other Small Animals During Walks |
| <input type="checkbox"/> Swimming/Water | <input type="checkbox"/> Playing in or Dump Water Dish Regularly |
| <input type="checkbox"/> Playing with Small Dogs | <input type="checkbox"/> Treats as a Training Reward |
| <input type="checkbox"/> Playing with Large Dogs | <input type="checkbox"/> Toys as a Training Reward |
| <input type="checkbox"/> Quiet Places | <input type="checkbox"/> Affection as a Training Reward |
| <input type="checkbox"/> Chew Blankets, Mats, or Toys When Unsupervised | |

I Would Like My Dog to Sharpen Their Skills in:

- Socialization Leash Pulling "Leave It/Drop It"
 "Sit/Stay" Command Recall (Name & Come Command) "Off" Command (Jumping up)
 Other: _____

Minor injuries can occur during play: When would you like to be Notified?

Immediately Upon Pick Up

Would You Like Daily Photos: Yes No

Would You Like Report Cards of Your Dogs Time with Us? Yes No

I hereby Do Do not give my consent to At Home Veterinary Care for the use of digital images, video, and photography by either myself, my family members, children, and pets for promotional purposes on either At Home Veterinary Care's Website, Printed Fliers, Press Releases, Social Media Accounts or presentation to future prospective program participants. I understand that I will receive no compensation for such uses. I retain the right to have any photographs (digital/printed) discontinued from use in any and all the above venues upon request, and if, at any time, I wish to have my photographs to be discontinued from any of the above, it is My responsibility to contact At Home Veterinary Care to make the request.

Signature: _____ Date: _____

Please be advised:

Although we do our utmost to assure the health and safety of your pet while it is with us, occasionally an issue may arise that will require minor medical care such as scrapes, broken toenails, diarrhea, muscle strain, evidence of fleas/ticks or intestinal parasites. We are happy to provide care for these minor concerns, but charges are associated. We will contact you if charges exceed \$_____.

I understand and consent to the above care if need arises.

Signature: _____ Date: _____