HENDRICK HOUSE KENNELS
20 25
UNION CITY TN

About your Dog(s)

Dog(s) Name _____Breed: _____

Weight: _____Age: _____ Gender: __M __F Spayed/Neutered: ____Yes ____No

1. Please check if your dog(s) has any of the following:
- Separation Anxiety
- Food Aggression
- Toy Aggression
- Other _____

1. Please check each box your dog(s) receives preventative treatment:
- Fleas
- Ticks
- Heartworm
- Other _____

1. Socialization. Please check any of the boxes below that apply. This helps us schedule playtime according to the dog(s) needs.
- Dog does not do well around big or little dogs.
- Dog does not do well around multiple dogs.
- Other: _____

4. Please list commands that your dog(s) know and understand so we can speak a language they know.
_____

5. What type of bedding does your dog prefer?

- Plushy
- Raised Dog Bed
- Rug
- Bare Floor

OWNER SIGNATURE_____