Moose Trails Dog Services

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Dog Camp Survey

Name of Dog:

Breed:  
Age:

Birth date:

Spayed or Neutered?:

Owners Name:

Phone Number:

Email:  
Address:

Name Of Vet:

Address:

Phone Number:

Where did you hear about me?

How is your dog around other dogs? Ex. Excited, nervous, timid.

Is your dog up to date with all vaccinations?

Does your dog have any allergies?

Is your dog covered for ticks and lyme disease?

Has your dog ever bitten a person or dog? Please explain.

Does your dog ever run away? Do they have good recall?

Does your dog chase or run after anything? How long for them to come back?

What do you say to recall your dog? Is your dog treat driven?

Does your dog know how to swim? Do they like to swim?

How is your dog in the car?

Any other behaviors or things you’d like me to know about your dog?