



Maximus Dogamus, Inc.  
The Woof **Additional Pet Information**  
8601 Durand Ave Sturtevant, WI 53177

Call/Text: 262-497-8787 Email: info@the-woof.com

**THIS FORM IS TO BE FILLED OUT COMPLETELY AND RETURNED AT INITIAL VISIT**

Owner\* \_\_\_\_\_

**Pet Information (1 Pet Only)**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ lbs.  Male  Female  SPAYED/NEUTERED

**\*DOCUMENTATION OF VACCINATIONS REQUIRED\*** **\*DOGS 6 months of age or older MUST be SPAYED/NEUTERED IN ORDER TO ATTEND\***

**Veterinarian Information**

Veterinary Clinic Name\* \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City\* \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Medical Information**

Has your dog been ill in the last 30 days (including coughing, sneezing, or upset stomach)?  YES  NO

(If yes, please explain)

Are there any restrictions that need to be placed on your dog's physical activities/movements?

(If yes, please explain)

Does your dog have any known allergies or sensitive areas?  YES  NO (If yes, please explain)

What food is your dog currently eating and how much/how often? \_\_\_\_\_

Are you using flea, tick AND heart worm prevention (REQUIRED - FLEA COLLARS NOT ADMISSIBLE)  YES  NO

**Pet Temperament and Behavior Information**

Has your dog ever attended daycare or boarded in an all day play environment?  Yes  No

Has your dog ever been bitten or attacked by another dog?  Yes  No

(If yes, please explain)

Has your dog ever been abused to your knowledge?  Yes  No

(If yes, please explain)

Has your dog ever exhibited aggressive behavior towards people or other dogs?  Yes  No

(If yes, please explain)

Would you describe or label your dog with any of the following? (Please circle all that apply)

- |               |                            |                  |                     |              |
|---------------|----------------------------|------------------|---------------------|--------------|
| Feces Eater   | Fear of Lightening/Thunder | Escape Artist    | Destructive Chewing | Fence Jumper |
| Collar Issues | Toy/Food Aggression        | Rock/Stick Eater | Separation Anxiety  |              |