

SENOIA ANIMAL HOSPITAL & PET RESORT QUESTIONNAIRE

Please take a few moments to answer a few questions to help us serve your pet(s) best

Your Name: _____

Your Pets Name: _____

PLEASE ANSWER YES OR NO TO THE FOLLOWING:

Is your pet SPAY (female) or NEUTERED (male)? _____

In the past has your pet gotten along well with other dogs? _____

Does your pet do well in new situations? _____

Does your pet's stomach get upset easily? _____

Has your pet(s) ever bitten a person or another animal before? _____

If yes, EXPLAIN: _____

Is your pet protective over his/her toys? _____

Is your pet protective over his/her living area? _____

Is your pet protective over his/her food? _____

Does your pet prefer to play with big animals or small animals? _____

Is your pet a chewer? (sticks, rocks, toys, walls, gates, etc..) _____

Has your pet ever been away from home? _____