



## Canine Fitness and Fun Center Temperament Test

### General Information

Owner Name:	Date of Test:	
Pet Name:	Date of Birth:	
Breed:	Color:	Weight:
Male ____ Neutered ____ Female ____ Spayed ____		

### Health Questions:

Has your dog ever had a seizure: \_\_\_\_ If yes, last seizure date: \_\_\_\_ Treatment: \_\_\_\_

Does your dog have hip dysplasia: \_\_\_\_ Allergies: \_\_\_\_

Is your dog prone to ear infections? \_\_\_\_

Has your dog required medical attention in the last 30 days? If so, please explain. \_\_\_\_

Any Medical / Health concerns: \_\_\_\_

Does your dog have a sensitive stomach? \_\_\_\_

Do we have your permission to test your dog with a treat? \_\_\_\_yes \_\_\_\_ no

If no, please explain? \_\_\_\_

### General Information:

Is your dog authorized to play in group play? Yes \_\_\_\_ No \_\_\_\_

Has your dog ever exhibited aggressive/possessive behavior with:

People \_\_\_\_ Toys \_\_\_\_ Food \_\_\_\_ Other dogs \_\_\_\_

If yes, please explain: \_\_\_\_

Has your dog even bitten anyone? \_\_\_\_ If yes, please explain \_\_\_\_

How does your dog react to being in a crate? \_\_\_\_

Is there anything in particular that frightens your dog? \_\_\_\_

Has your dog ever had a bath? \_\_\_\_ If yes, how did he/she react? \_\_\_\_

Has your dog ever tried to climb or jump a 6 foot fence? \_\_\_\_

Does your dog have any exercise limitations? \_\_\_\_

Does your dog have any sensitive areas that should not be touched or petted? \_\_\_\_

Has your dog ever been swimming? If so, was it enjoyable for him/her? \_\_\_\_

**Please share any additional information that may be helpful to our staff in providing the best possible care and enjoyable stay for your pet while at Canine Fitness and Fun Center:**

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