

Muttessori School For Dogs

Behavioral Screening

(To be completed by your veterinarian)

Veterinarian: _____

Clinic: _____

Owner: _____

Address: _____

Phone: _____

Pet's Name: _____

Breed: _____ Color: _____

Gender: Male Female Neutered Spayed

Age: _____ Date of Birth: _____

Vaccination Dates

Rabies: _____ 1yr / 3yr

Dhppv: _____

Leptospirosis: _____

Bordetella: _____

Dewormed: _____

Lice Treatment: _____

Hips: Excellent Good Other

Eyes: Excellent Good Other

Does the dog have aggressive tendencies toward people?

Yes

No

Other animals?

Yes

No

Has the dog ever bitten anyone?

Yes

No

Other animals?

Yes

No

Does the dog have food aggression?

Yes

No

Is the dog dominant in nature?

Yes

No

Does the dog seem to be sociable?

Yes

No

Does the dog have possessive tendencies?

Yes

No

From your professional standpoint and observation of this animal, do you have any hesitations recommending this dog for Muttessori? _____

Veterinarian Signature