

Dog Days

Pet Profile

Date: _____

Information						
Owner's Name	(Last)			(First)		
Phone:	(Cell)			(Home)		
Address:						
Email:						
Emergency Contact:	(Name)			(Phone)		
Veterinarian Info:	(Name)			(Phone)		
	(Address)					
Dog's Information						
Dog's Name:				Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary Breed:						
Spayed/Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weight:		Color:		
How long have you had your dog?						
Did your dog come from a rescue or breeder?						
Diet						

Will you be bringing your own dog's food? Yes No. If yes, brand of food you will bring _____

If you would like for your dog to receive our house food, please initial here: _____

How many times per day would you like your dog fed? 1 x per day 2 x per day 3 x per day

Feedings:	Special Instructions:
Morning: Quantity:	
Afternoon: Quantity:	
Night: Quantity:	

Has your dog ever growled or snapped when taking food or toys away? Yes No

Has your dog ever shared his/her food with other animals? Yes No

Has your dog ever eaten his/her own feces? Yes No

Any other information we should know about your dog's eating and food habits?

Medical *All dogs must have proof of current and updated Rabies, Distemper, and Bordetella vaccinations*

Is your dog currently on a flea and tick preventative? Yes No

Is your dog allergic to any type of food? Yes No

If yes, please describe allergy and the reaction: _____

Is your dog allergic to any medications? Yes No

If yes, please list the medication and describe the reaction: _____

Is your dog currently taking any medication? Yes No (If yes, we will provide a medication form to fill out)

Does your dog have any current or old injuries or health concerns? Yes No

If yes, please describe: _____

Has your dog been in good health for the last 30 days? Yes No

Behavior

Is your dog house trained? Yes No Paper Trained

Has your dog had any obedience training? Yes No If yes: At home Class Professional Trainer

What commands does your dog know? _____

Check all answers that describe your dog's personality: (check all that apply)

- Outgoing Verbally Sensitive Timid Affectionate Pushy Playful
 Reserved Submissive Confident Independent Excitable Gentle
 Mouthy (play biting humans) Doesn't come when called Excessive barking

Describe your dog's activity level: High Medium Low

Has your dog ever jumped over a fence? Yes No If yes, how high was the fence? _____

At feeding times, your dog eats: Fast Slow Average

Have you ever boarded your dog before? Yes No

If yes, please describe their experience: _____

Have you ever taken your dog to daycare before? Yes No

If yes, please describe their experience: _____

Check all situation where your dog may become unfriendly or agitated:

- Grabbing collar Hugging Removing from furniture Touching while sleeping
 Touching ears/paws/mouth/tail Around other dogs Other None

Describe your dog's unfriendly behavior: (check all that apply)

- Will bite May bite Growls Snaps Shows Teeth Freezes Trembles

Has your dog ever bitten a person? Yes No

If yes, please describe situation: _____

Has your dog ever bitten another dog? Yes No

If yes, please describe situation: _____

How does your dog react when strangers approach? _____

Does your dog respond negatively to any certain type of person? (i.e. men with beards, children) Yes No

If yes, please describe: _____

Does your dog have separation anxiety? Yes No

If yes, please explain: _____

Does your dog prefer to play with: Male Dogs Female Dogs Both

Are there any type of dogs or breeds your dog dislikes? _____

Are there any other issues you wish to inform us about your dog's behavior? _____

Additional Information / Special Instructions

Owner Signature: _____

Printed Name: _____ Date: _____