

# for the DOGS! Pet Profile

## GENERAL INFORMATION

How did you hear about for the DOGS!?

Yellow Pages \_\_\_\_\_

For the DOGS! Client- to whom may we give a \$5 thank you? \_\_\_\_\_

Sign \_\_\_\_\_

Media \_\_\_\_\_

Vet (please list both doctor's name & clinic name) \_\_\_\_\_

Other \_\_\_\_\_

Owner's Name \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Gender \_\_\_\_\_

Dog's Birth date \_\_\_\_\_ Age Spay/Neuter \_\_\_\_\_

How long have you owned your dog? \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

If adopted, what knowledge do you have of your dogs past history?

\_\_\_\_\_  
\_\_\_\_\_

Names of other animals in your household:

Species/Breed?	Spayed/Neutered?	Age?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How does your dog get along with the other animals in your household?

\_\_\_\_\_  
\_\_\_\_\_

Has your household situation changed in the past year? Yes No  
If yes, please describe: \_\_\_\_\_

What services are you interested in for your dog(s)? Daycare Lodging  
When did you want to start these services? \_\_\_\_\_

## BEHAVIOR

What does your dog do when you are not at home? \_\_\_\_\_  
\_\_\_\_\_

What does your dog do to show he/she is happy? \_\_\_\_\_  
\_\_\_\_\_

Has your dog ever had any formal obedience training? Yes No  
If yes, what type, where and when? \_\_\_\_\_  
\_\_\_\_\_

What commands does your dog respond to?

Hand commands? \_\_\_\_\_ Bathroom command? \_\_\_\_\_

Play commands? \_\_\_\_\_ Quiet command? \_\_\_\_\_

Other commands? \_\_\_\_\_

Does your dog have any problems in the following areas? (If yes, please describe)

Mouthiness? \_\_\_\_\_ Houstraining? \_\_\_\_\_

Barking? \_\_\_\_\_ Digging? \_\_\_\_\_

Ignoring commands? \_\_\_\_\_ Jumping? \_\_\_\_\_

How does your dog react when:

People come into your home or yard? \_\_\_\_\_

People pass outside your home or yard? \_\_\_\_\_

People bring their dog(s) into your home or yard? \_\_\_\_\_

Dogs pass outside your home or yard? \_\_\_\_\_

Getting a bath? \_\_\_\_\_

Has your dog ever: (if yes, please describe)

Growled at someone? \_\_\_\_\_

Bitten someone? \_\_\_\_\_

Scaled a fence? (Type/Height) \_\_\_\_\_

Reacted negatively when someone took food or toys away? \_\_\_\_\_

Is your dog anxious around or frightened by any particular:

Noises? \_\_\_\_\_ Actions? \_\_\_\_\_

Objects? \_\_\_\_\_ Types/Genders of People? \_\_\_\_\_

How many times per week is your dog taken for walks? \_\_\_\_\_

How does your dog react to other dogs approaching him/her when:

On lead \_\_\_\_\_ Off Lead \_\_\_\_\_

If your dog socializes off lead with other dogs:

How often and under what circumstances?

Are there any kinds of dogs your dog automatically fears or dislikes?

Does your dog prefer male or female dogs? \_\_\_\_\_

Larger, smaller or same size dogs? \_\_\_\_\_

How does he/she react to puppies?

How does he/she play with other dogs?

What kinds of games does he/she play with other dogs?

Does he/she willingly share his/her food or toys with other dogs?

Has your dog ever visited a dog park? Yes No Did he/she enjoy it? Yes No

Details (where, when, how often)

Has your dog ever gone to daycare? Yes No Did he/she enjoy it? Yes No  
Details (where, when, how often) \_\_\_\_\_

Has your dog ever been excused from a daycare or kennel? Yes No  
Details \_\_\_\_\_

**OTHER IMPORTANT INFORMATION**

What are your dog's favorite petting spots? \_\_\_\_\_

Does your dog have any sensitive areas on his/her body? \_\_\_\_\_

How often do you brush/comb your dog? \_\_\_\_\_ Does he/she enjoy it? Yes No

Do any restrictions need to be placed on your dog's activities? Yes No

May we give your dog our biscuits or treats while he/she is at daycare? Yes No

What flea/tick prevention program is your dog on? \_\_\_\_\_ Frequency? \_\_\_\_\_

Does your dog cough, sneeze or exhibit any asthmatic symptoms? Yes No

Authorized people to pick up your dog: \_\_\_\_\_

What else should we know about your dog? \_\_\_\_\_

**Feeding**

What is your dog's feeding schedule? Breakfast lunch dinner grazer

Is your dog a picky eater? Yes No Explain \_\_\_\_\_  
If so, what do you do to get your dog to eat? \_\_\_\_\_

If sibling, do your dogs eat together? Yes No

By signing this form I verify that the above information is accurate and complete regarding my dog.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_