



Where your dog wants to stay, when you go away!

DAYCARE ▪ BOARDING ▪ GROOMING ▪

TRAINING

Additional Dogs

Parent's Name _____

Dog Profile

Dog's Name: _____ Sex ___ M ___ F Spayed or Neutered? ___ Yes ___ No

Dog's Breed: _____ Date of Birth: _____ Dog's Age: _____

Coloring/Distinguishing marks: _____

Microchip/Tattoo ___ Yes ___ No

Pet Insurance ___ Yes ___ No

Veterinarian and Medical Information

Vet's Name & Hospital Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

List any known Allergies: _____

Flea & Tick Medication Used? ___ Yes ___ No

If yes, what Brand? _____

Describe any Health/Medical Issues: _____

Describe any restrictions on your dog's activities/movements: _____

Does your dog take any medications? ___ Yes ___ No

If yes, what? _____ How often? _____

Feeding

What brand of food does your dog eat? _____

How many times a day do you feed your dog? _____

Are we allowed to give treats of our own? ___ Yes ___ No

Do you give your dog a treat at any specific time of the day? ___ Yes ___ No

If yes, when? _____

Experiences

Has your dog had previous owners? ___ Yes ___ No

If yes, is there anything you feel we should know? _____

Has your dog ever been to daycare or been boarded previously? ___ Yes ___ No

If yes, where? _____

Describe experience: _____

Has your dog been to an off-leash park? ___ Yes ___ No

If yes, describe experience: _____

Has your dog had other social experiences with other dogs? ___ Yes ___ No

If yes, describe experience: _____

Has your dog had any obedience training? _____

If yes, describe type and known commands: _____

Behavior

Check all behaviors that apply to you dog:

___ Mouthing

___ Excessive Barking

___ Eating Stool

___ Leash Aggressive

___ Jumps up

___ Digging

___ House Trained

___ Crate Trained

___ Comes When Called

Does your dog have a bathroom command? ___ Yes ___ No

If yes, please describe: _____

Does your dog have a quiet command? ___ Yes ___ No

If yes, please describe: _____

Is your dog frightened by any noises? ___ Yes ___ No

If yes, please describe: _____

Best methods of comforting: _____

Does your dog have any sensitive area's on the body? _____

Where does your dog like to be petted? _____

Does your dog growl? ___ Yes ___ No

If yes, is it a play growl or a warning growl? _____

Has your dog ever bitten a person? ___ Yes ___ No

If yes, what were the circumstances? _____

Has your dog ever bitten another dog? ___ Yes ___ No

If yes, what were the circumstances? _____

Has your dog ever escaped from inside a fence? ___ Yes ___ No

If yes, how high was the fence? _____