



Pet Profile

Owners Name: _____

Owners Phone Number: _____

Dog's Name: _____

Breed: _____ Color: _____

Identifying Markings: _____

Male/Female: _____ Spayed/Neutered (Required by 6 months) _____

Birthdate or Age _____ Weight _____

General

1.) Where did you get your dog? (breeder, pet store, adopted, shelter, etc.) _____

- If you adopted your dog do you know his/her history? If yes, please explain.

2.) How long have you owned your dog? _____

3.) Has your dog ever attended daycare or boarding facility? If yes, were there any issues?

Please explain. _____

4.) Has your dog ever interacted with a large group of dogs? If yes, please explain.

5.) How does your dog react to other dogs on leash? _____

6.) How does your dog react to other dogs off leash? _____

7.) Feeding Instructions. (Brand, amount, frequency, etc.) _____

8.) If your dog were to run out of food while boarding with us, would they be able to eat our kennel food (Fromm Chicken&Rice)? If not, how would you like us to proceed? _____

9.) Medications. (Name of meds, dosage, frequency, etc.) _____

Behavioral

10.) How does your dog react to strangers? _____

11.) Would you describe your pet as shy around other people? If yes, how does he/she respond (i.e., run away, crouch, tucking tail, growling, trying to nip or etc.) _____

12.) Has your dog ever bit another dog or person? If yes, please explain. _____

13.) Is there any type of person (children, men, etc.) your dog routinely dislikes or fears?

14.) Is there any type of dog (large, puppy, etc.) your dog routinely dislikes or fears?

15.) Is your dog scared of Thunderstorms? If yes, please explain. Also, how do you calm him/her down? _____

16.) Does your dog have separation anxiety? If yes, please explain. _____

17.) Does your dog have any behavioral issues or destructive habits when left alone? If yes, please explain. _____

18.) Does your pet have a history of escaping or attempted escape? (i.e. Jumping or climbing fences (if so what height), wiggling out of collar, opening doors, bolting through open doors, etc.) If yes, please explain. _____

19.) Any additional behavior issues that we should be aware of? _____

20.) What commands does he/she know? _____

21.) What is your dog's favorite toy? _____

22.) Does your dog share toys with other dogs? If no, please explain. _____

23.) Can you take food-based items away from your dog? If no, explain how to take food items away. _____

24.) Is your dog fine having their collar grabbed? (For example, if we try to lead your dog by their collar will they be fine with it or uncomfortable?) _____

25.) Is there any area of your dog that they do NOT like petted? _____

Health

26.) Any Health concerns? _____

27.) Does your dog have any old injuries or medical conditions that we should be aware of while they are with us? _____

28.) Are there any restrictions on your dog's activities? _____

29.) Any allergies? If yes, please explain. _____

30.) Are there any treats we should NOT offer your dog? _____

Grooming

31.) Has your pet ever been groomed professionally anywhere else? If yes, how did he/she do? Was it a positive or negative experience? _____

32.) How frequently is your dog groomed? _____

33.) How does your dog do with grooming? _____

Clippers? _____

Toenail Trim? _____

Bath? _____

Blow Dryer? _____

Ear Cleaning? _____

Being on the table? _____

Brushing? _____

Teeth Brushing? _____

34.) Any shampoo, conditioner, or product your dog is allergic to? _____

35.) Any shampoo, conditioner, cologne, or product that you do not like on your dog? (i.e. the smell or feel of it) _____

36.) What are you looking for in a grooming? _____

37.) Any other things you feel that we need to know that will help us better take care of your pet? _____

38.) Preferred method of communication (i.e., Email or Phone call) _____