

PET PROFILE for _____
(Dog's First & Last Name)

Pet's age _____ Breed _____ Color _____ Weight _____

Pet's birth date _____

My pet is

- Altered (spayed or neutered)
- Age 7 months or younger, unaltered

At what age was your dog spayed/neutered? _____

Is your dog currently on flea preventative? Yes No

If yes, what type? _____

(NOTE: **all dogs must be on some flea preventative**)

Does your dog like children? Yes No _____

Describe your dog's behavior around children: _____

Is your dog housebroken? Yes No _____

Has your dog ever been boarded or attended dog daycare? Yes No

Describe how your pet gets along with other animals, including those in your household:

Has your dog ever bitten a person or another dog? Yes No

If yes, please explain: _____

Has your dog ever *been* bitten or attacked by another dog or abused? Yes No

If yes, please explain: _____

In what circumstances has your dog been known to growl at a person or other dog? _____

In what circumstances has your dog been known to snap at a person or dog _____

How does your dog react to a stranger coming into your home or yard? _____

Do visitors bring their dog(s) to your home? Yes No

If yes, please describe the interaction: _____

Are there any kinds of dogs your dog automatically fears or dislikes? Yes No

If yes please explain _____

How does your dog react to puppies? _____

How many times per week is your dog walked? _____

How long are the walks (be honest)? _____

Has your dog ever growled at anyone? Yes No _____

If yes, what were the circumstances? _____

Do you take your dog to a dog park? Yes No If yes, how often? _____

Has your dog had professional training? Yes No _____

How does your dog behave in a pet/food store (i.e. Petsmart, Petco, etc?) _____

Has your dog ever climbed or jumped over a fence or dug under a fence? Yes No

If yes, how high was the fence? _____

How long was the dog left alone? _____

Does your dog have – or has your dog ever had – difficulties in the following areas?

Check those that apply and please explain:

Mouthiness _____

House training _____

Barking _____

Digging _____

Ignoring Commands _____

Playing the "chase game" _____

What (if anything) makes your dog frightened or nervous? _____

What kind of toys does your dog like to play with? _____

Does your dog prefer to play with male or female dogs? Male Female No Preference

What kind of games does your dog like to play? _____

What tricks and/or commands does your dog know (if any)? _____

What hand signals does your dog know (if any)? _____

Does your dog have a "release" command? _____

What kind of collar do you use to walk your dog? _____

Is it effective in keeping him/her under control? _____

Some dogs have an aversion to men. Does your dog like men? Yes No

Does your dog mind being picked up? _____

Does your dog crawl or turn upside down when reprimanded? Yes No

Special requests and/or notes about your pet: _____

MEDICAL INFORMATION

Vaccinations - Please bring vaccinations records with you. Proof of current vaccinations is required.
Please give the date of most recent vaccinations for the following:

Rabies _____
Bordetella (Kennel Cough) _____
DHLP () _____
Parvo _____

Has your dog ever had Kennel cough? Yes No If yes, when? _____

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

Does your dog have any other health problems, allergies, or physical limitations? Yes No

If yes, please describe: _____

Thank you!