



DOGGIE DAYCARE & BOARDING

## Pet Profile

owner's Name		Today's Date
Dog's Name	Breed	Birthdate or Age
How long have you owned your dog?	Where did you get your dog from?	
Does your dog have any prior daycare or boarding experience? Please explain and list the facilities they've been to.		
Are there any sensitive areas on your dog or areas they do not like being touched?		
Does your dog have any allergies?		
Does your dog have any physical disabilities?		
Does your dog have any medical conditions?		
Which best describes your dog's level of socialization with other dogs?		
<input type="checkbox"/> <b>None</b> – No knowledge of dog interaction.		
<input type="checkbox"/> <b>Minimal</b> – On-leash encounters only.		
<input type="checkbox"/> <b>Moderate</b> – Some off-leash playtime on occasion with visitor's/neighbor's/friend's dogs.		
<input type="checkbox"/> <b>Extensive</b> – Regular visits to dog events, off-leash dog parks, doggie daycare etc.		

Are there any breeds your dog dislikes or fears?

How does your dog react to puppies?

Does your dog get along well with other dogs?

How does your dog react to other dogs or humans while on they are on a leash?

Does your dog share food well with other dogs?

Yes  No

Does your dog share toys well with other dogs?

Yes  No

What best describes your dog's overall exercise routine?

- Couch Potato** – Spends day sleeping, occasional walks and/or playtime with humans or other dogs.
- Mild Exerciser** – Spends day outdoors, short daily walks and/or regular playtime with humans or dogs.
- Moderate Exerciser** – Long or multiple walks daily and/or regular playtime with humans or dogs.
- Athlete** – Regular jogs/runs and/or regular participation in a dog sport activity such as agility, Frisbee, etc.

Are there any types of people your dog dislikes or fears?

Is your dog a jumper?

Yes  No

Can they climb or jump a fence?

Yes  No

Has your dog growled at someone?

Yes  No

Has your dog bitten someone?

Yes  No

If yes to either question, what was the circumstance?

<b>Is your dog frightened by loud noises?</b>		<b>If so, which noises?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Does anything specifically make them frightened or nervous?</b>			
<b>How does your dog react to someone entering your home or yard?</b>			
<b>Veterinary office</b>		<b>Vet's Phone Number</b>	
<b>Rabies Vaccine Date (proof required)</b>	<b>Distemper Vaccine Date (proof required)</b>	<b>Bordetella Vaccine Date (proof required)</b>	
<b>Does your dog take any medications?</b>		<b>If so, which ones?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Does your dog have flea &amp; Tick prevention?</b>		<b>If so, which one?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Does your dog have a history of any of the following health concerns?</b>		<b>Does your dog have a history of any of the following behavioral habits?</b>	
<input type="checkbox"/> Arthritis <input type="checkbox"/> Bad Breath/Halitosis <input type="checkbox"/> Bleeding <input type="checkbox"/> Breathing Problems <input type="checkbox"/> Cancer <input type="checkbox"/> Constipation <input type="checkbox"/> Coughing <input type="checkbox"/> Dandruff <input type="checkbox"/> Diarrhea <input type="checkbox"/> Difficulty Chewing		<input type="checkbox"/> Aggression Towards Dogs <input type="checkbox"/> Aggression Towards People <input type="checkbox"/> Appetite Change <input type="checkbox"/> Barking <input type="checkbox"/> Barrier Aggression <input type="checkbox"/> Biting <input type="checkbox"/> Confusion <input type="checkbox"/> Depression <input type="checkbox"/> Drooling <input type="checkbox"/> Excessive Drinking	

- Eye Discharge
- Gagging
- Hair Loss
- Heart Disease
- Matted Fur
- Lethargy
- Loss of Balance
- Odor
- Overweight
- Scooting
- Seizures
- Skin Allergies
- Sneezing
- Sore Gums
- Tooth Loss
- Underweight
- Urination Problems
- Vomiting
- Weakness
- Weight Change

- Food Aggression
- Frequently Urinates/Marking
- House Soiling
- Humping
- Increased Panting
- Leash Aggression
- Scratching
- Shaking Head
- Tremors
- Vocalization
- Water Bowl Aggression

**Any Additional comments?**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_