



GUEST PROFILE- MULTIPLE PET IN SAME FAMILY

Owner Name _____

Pet Name _____ Birthday _____ Sex M F Altered? Y N

Breed(s) _____ Color/Markings _____ Weight _____

When and where did you get your dog/cat? (shelter, breeder, etc.) _____

If adopted, do you have knowledge of history? Please explain _____

Other pets in home? Y N How many? _____

Name(s) _____

Vet's Name _____ Phone _____

What is current method of flea control? _____ Last Treatment _____

Is your dog on heartworm medication? Y N Brand _____

Has your dog been de-wormed in last 6 months by vet? Y N

Has your dog ever had kennel cough? Y N

Has your dog been ill in last 30 days? Y N

If yes, please explain _____

Does your dog have any medical conditions? _____

Has your dog had surgery in past year? Y N

If yes, explain _____

Is your dog house broken? Y N

ALLERGIES

Does your dog have any allergies? Y N

If yes, list and describe symptoms _____

DIET

Type and brand of food _____

How much per feeding _____ How often _____

At feeding times, how does your dog tend to eat? Fast Slow



Circle your dog's eating habits.

Eats all food at mealtime Nibbles throughout day
Goes for periods without eating Requires something tasty mixed in to eat
Has your dog ever suffered from Canine Bloat? Y N
If your dog has an upset tummy, can we feed them a bland diet to help settle their stomach? Y N
Can we give your dog treats? Y N
Is your dog allowed to have a pet friendly birthday treat if they are with us for their birthday? Y N

TEMPERMENT & HISTORY

Has your dog ever attended daycare? Y N
If yes, describe the experience _____
Has your dog ever been boarded? _____
If yes, describe the experience _____
How does your dog interact with cats? (circle all that apply) Aggressive / Tolerate / Enjoys / Will protect
How often does your dog spend time with other dogs? Never Occasionally Often
How often does your dog go to a dog park? Never Occasionally Often
Has your dog ever been injured at a dog park, daycare, or while playing with other dogs? Y N
Were they the aggressor? Y N
If yes to either, explain _____

What situations may cause your dog to become unfriendly (circle all that apply):

Grabbing collar / Hugging / Removing from furniture / Touching while sleeping / Bathing / Brushing
Guarding food/toys / Nail trimming / Touching ears / paws / mouth / tail / around other dogs /
Men / Women / Children / None

Describe if your dog displays unfriendly behavior when stressed (circle all that apply):

Will bite / May bite / Growls / Snaps / Shows teeth / Freezes / Trembles / Moves away
Has your dog ever bitten another dog? Y N
If yes, explain _____
If yes, did the bite puncture/tear the skin? Y N



Has your dog ever bitten a person? Y N

If yes, explain _____

If yes, did the bite puncture/tear the skin? Y N

Did your dog take a puppy or basic obedience class in its first 8 -12 wks? Y N

Has your dog taken any other form of obedience training? Y N

If yes, where and time frame of training _____

Does your dog eat or chew on its bedding? Y N

Does your dog eat or chew on wires, furniture, etc.? Y N

If yes, please list and explain? _____

Outside Play

Does your dog like to play with ball or stick? Y N

Will your dog chase small animals? Y N

Will your dog kill or pick up a dead animal? Y N

If yes, will your dog drop the animal on command? Y N

Will your dog come when called? (circle) Always Sometimes Never

Has your dog ever been stung by a bee? Y N How often? _____

If yes, was there an allergic reaction? Y N

If treatment is needed, do you authorize us to give necessary treatment? Y N

Please explain any additional concerns for outside play.

Please list any additional information you feel we should know about your pet.
