



**PLEASE RETURN THIS PROFILE AND  
VACCINE RECORDS TO US 3 BUSINESS  
DAYS PRIOR TO MEET AND GREET.**

**NOTICE WE REQUIRE BORDATELLA  
VACCINE EVERY 6 MONTHS, RABIES 1 OR 3  
YEARS, DISTEMPER 1 OR 3 YEARS. FLEA  
TREATMENT IS ALSO REQUIRED.**

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? Has Y N  
 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 Occassionally    Often

How often does your dog go to a dog park?                                      Never Occassionally    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.

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

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