



GUEST PROFILE

Owner, First Name _____ Last _____ Date _____

Address _____

Phone Number, Home _____ Cell _____ Email _____

Emergency Contact _____ Telephone _____

DOG'S INFORMATION

Dog(s) Name _____ Birthday _____ Sex M F Altered? Y N

Breed(s) _____ Color/Markings _____

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

If adopted, do you have any knowledge of your dog's history? Y N

If yes, explain _____

Vet's Name and Phone _____

When is your dog due for the following vaccinations:

Rabies _____ DHPP _____ Bordatella _____

What is your current method of flea control? _____

Is your dog on monthly heartworm medication? Y N Brand _____

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

Has your dog ever had kennel cough? Y N

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

If yes, explain _____

Does your dog have any medical conditions? _____

Has your dog had surgery in the past year? Y N

If yes, explain _____

Does your dog have any allergies? Y N

If yes, please list and describe symptoms _____

Type and brand of food _____

How much per feeding _____ How often per day _____

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

DIET

Please circle your dog's eating habits.

1. Eats all food at mealtime
2. Nibbles throughout day
3. Goes for periods without eating
4. Requires more palatable food to be mixed in to eat

Has your dog ever suffered from Canine Bloat? Y N

If your dog has an upset stomach, can we feed them a bland diet to settle their tummy? Y N

Can we give your dog treats? Y N

How would you consider your dog's weight? (please circle)

1. Underweight 2. Ideal Weight 3. Overweight

TEMPERAMENT & HISTORY

Is your dog housebroken? Y N

Has your dog ever attended daycare or been boarded? Y N

Does your dog board well? Y N

If no, explain _____

Does your dog go to the dog park? Y N

Has your dog been injured at a dog park, daycare or playing with other dogs? Y N

If yes, explain _____

Describe your dog's activity level: 1. Low 2. Medium 3. High

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

Grabbing collar Hugging Removing from furniture Touch while sleeping Bathing

Brushing Nail trimming Touch ears/paws/mouth/tail Around other dogs None

Other: _____

Describe if your dog displays unfriendly behavior (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, did the bite puncture/tear the skin? Y N

Has your dog ever bitten a person? Y N

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

Has your dog had obedience training? Y N

If yes, which type: Class Home Professional

Does your dog understand any of these forms of training? Y N

If yes, which type: Clicker Hand Signals Shock Collar

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

Is your dog crate trained? Y N