



Pet Profile

Information

Owner's Name: (last) _____ (first) _____
Phone numbers: (home) _____ (cell) _____ (work) _____
email: _____
Mailing Address: _____
Dog's Name: _____ Gender: Male / Female Spayed/Neutered? Yes / No
Primary Breed: _____ Color: _____ Weight: _____
Dog's Birthday: ___/___/___ How long have you had your dog? _____ Where did you get him/her? _____
Emergency Contact other than owner: (name) _____ (number) _____
Veterinarian's Info: (name) _____ (phone) _____
(address) _____

Diet

Will you be bringing your own dogs food? Yes / No
What brand of food do you feed? _____
If not, please initial here indicating we will feed our house dog food for \$5 per day: _____
How many times per day would you like your dog fed? 1x per day / 2x per day / 3x per day
Has your dog ever growled or snapped when taking food or toys away? Yes / No
Has your dog ever shared his/her food with other animals? Yes / No
Has your dog ever eaten his/her own or another dog's feces? Yes / No
Any other information we should know about your dog's eating and food habits?: _____

Medical

Is your dog allergic to any type of food? Yes / No
If yes, please describe the allergy and the reaction: _____
Is your dog allergic to any medication? Yes / No
If yes, please describe the medication(s) and the reaction(s): _____
Is your dog taking any medication? Yes / No
If yes, please name the medication and the reason: _____
Does your dog have any current or old injuries or health concerns? Yes / No
If yes, please describe: _____
Does your dog engage in any unusual or repetitive behaviors? Yes / No
If yes, please describe: _____
Has your dog been in good health for the last 30 days? Yes / No
If no, please describe: _____



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Behavior

Is your dog house trained? Yes / No / Paper trained

Has your dog had any obedience training? Yes / No (circle one) At home / Class / Professional Trainer

Circle all answers that describe your dog's personality: outgoing / verbally sensitive / timid / affectionate
pushy / independent / reserved / confident / submissive / clingy / excitable / playful / gentle / mouthy

Describe your dog's activity level: High / Medium / Low

Has your dog ever jumped over a fence? Yes / No How high? _____

At feeding times, your dog eats: Fast / Slow

Have you ever boarded your dog before? Yes / No Where & When? _____

Please describe their experience: _____

Have you ever taken your dog to daycare before? Yes / No Where & When? _____

Please describe their experience: _____

Circle all situations where your dog may become unfriendly: grabbing collar / hugging / removing from furniture /
touching while sleeping / touching ears/paws/mouth/tail / around other dogs / other / none

Describe your dog's unfriendly behavior (circle all that apply): will bite / may bite / growls / snaps / shows teeth /
freezes / trembles / moves away

Has your dog ever bitten a person? No / Yes (bite did not puncture the skin) / Yes (stitches were required)

Please describe the situation: _____

Has your dog ever bitten another dog? No / Yes (veterinary care was not needed) / yes (vet care was needed)

Please describe the situation: _____

How does your dog react when strangers approach? _____

Does your dog prefer to play with: male dogs / female dogs / both

Are there any type of dogs or breeds your dog dislikes? _____

What commands does your dog know? _____

Are there any other issues you wish to inform us about and how much of an issue do you consider the behavior to be? _____

What is the main reason you have chosen an "all play" daycare/boarding environment for your dog? _____

How did you hear about Dogs All Day? _____