



## Pet Profile

Owners Name: \_\_\_\_\_

Owners Phone Number: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Identifying Markings: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Spayed/Neutered (Required by 6 months) \_\_\_\_\_

Birthdate or Age \_\_\_\_\_ Weight \_\_\_\_\_

### General

1.) Where did you get your dog? (breeder, pet store, adopted, shelter, etc.) \_\_\_\_\_

- If you adopted your dog do you know his/her history? If yes, please explain.

\_\_\_\_\_

2.) How long have you owned your dog? \_\_\_\_\_

3.) Has your dog ever attended daycare or boarding facility? If yes, was there any issues?

Please explain. \_\_\_\_\_

\_\_\_\_\_

4.) Has your dog ever interacted with a large group of dogs? If yes, please explain.

\_\_\_\_\_

5.) Feeding Instructions. (Brand, amount, frequency, etc.) \_\_\_\_\_

\_\_\_\_\_

6.) Medications. (Name of meds, dosage, frequency, etc.) \_\_\_\_\_

\_\_\_\_\_

## Behavioral

- 7.) How does your dog react to strangers? \_\_\_\_\_
- 8.) Would you describe your pet as shy around other people? If yes, how does he/she respond (i.e. run away, crouch, tucking tail, growling, trying to nip or etc.) \_\_\_\_\_  
\_\_\_\_\_
- 9.) Has your dog ever bit another dog or person? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
- 10.) Is there any type of person (children, men, etc.) your dog routinely dislikes or fears?  
\_\_\_\_\_
- 11.) Is your dog scared of Thunderstorms? If yes, please explain. Also, how do you calm him/her down? \_\_\_\_\_  
\_\_\_\_\_
- 12.) Does your dog have separation anxiety? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
- 13.) Does your dog have any behavioral issues or destructive habits when left alone? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
- 14.) Is your dog crate trained? \_\_\_\_\_
- 15.) Does your pet have a history of escaping or attempted escape? (i.e. Jumping or climbing fences (if so what height), wiggling out of collar, opening doors, bolting through open doors, etc.) If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 16.) What commands does he/she know? \_\_\_\_\_  
\_\_\_\_\_
- 17.) What is your dog's favorite toy? \_\_\_\_\_
- 18.) Does your dog share toys with other dogs? If no, please explain. \_\_\_\_\_  
\_\_\_\_\_
- 19.) Can you take food based items away from your dog? If no, explain how to take food items away. \_\_\_\_\_

- 20.) Are there any kind of dogs your dog automatically fears or dislikes?  
\_\_\_\_\_
- 21.) How does your dog react to puppies? \_\_\_\_\_
- 22.) Is your dog fine having their collar grabbed? (For example, if we try to lead your dog by their collar will they be fine with it or uncomfortable?) \_\_\_\_\_
- 23.) Is there any area of your dog that they do NOT like petted? \_\_\_\_\_

**Health**

- 24.) Any Health concerns? \_\_\_\_\_
- 25.) Does your dog have any old injuries or medical conditions that we should be aware of while they are with us? \_\_\_\_\_  
\_\_\_\_\_
- 26.) Are there any restrictions on your dog's activities? \_\_\_\_\_
- 27.) Does your dog take medication for a chronic illness? \_\_\_\_\_
- 28.) Any allergies? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
- 29.) Are there any treats we should NOT offer your dog? \_\_\_\_\_

**Grooming**

- 30.) Has your pet ever been groomed professionally anywhere else? If yes, how did he/she do? Was it a positive or negative experience? \_\_\_\_\_  
\_\_\_\_\_
- 31.) How frequently is your dog groomed? \_\_\_\_\_
- 32.) How does your dog do with grooming? \_\_\_\_\_
- |                   |                           |
|-------------------|---------------------------|
| Clippers? _____   | Toe Nail Trim? _____      |
| Bath? _____       | Blow Dryer? _____         |
| Cage Dryer? _____ | Being on the table? _____ |
| Brushing? _____   | Teeth Brushing? _____     |

33.) Any shampoo, conditioner, or product your dog is allergic to? \_\_\_\_\_  
\_\_\_\_\_

34.) Any shampoo, conditioner, cologne, or product that you do not like on your dog? (i.e. the smell or feel of it) \_\_\_\_\_

35.) What are you looking for in a grooming? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36.) Any other things you feel that we need to know that will help us better take care of your pet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_