

DOG'S PROFILE FORM

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Please list those whom are authorized to pick up your dog:

1.) Name: _____ Relationship: _____

2.) Name: _____ Relationship: _____

Veterinarian:

Clinic Name: _____ Address: _____

Telephone Number: _____

How did you hear about us? _____

PET GUEST INFORMATION

Dog's Name: _____ Primary Breed: _____

Weight: _____ Color: _____ Age/Birthdate: _____

Check where appropriate:

Male Female Spayed Neutered Unaltered

Has your dog ever attended a daycare or boarding facility in the past? Yes No

Has your dog ever been to a dog park? Yes No

Does your dog have a basic understanding of commands (sit, stay, down, etc.)? Yes No

Is your dog housebroken? Yes No Paper Trained

Is your dog crate trained? Yes No

Has your dog ever bitten or attacked a person or another animal? Yes No

Does your dog eat or chew up soft towels, beds, blankets or other materials? Yes No

Please describe any behavioral problems or other information we should know.

FEEDING SCHEDULE

You are required to provide the foods that your pet will consume while staying with us. This can include treats, kibbles, canned, refrigerated or frozen meals.

Please put detailed instructions on the Feeding Form.

MEDICAL HISTORY

Is your dog currently taking any medications? Yes No

**NOTE: IF YOU CHECKED YES, YOU WILL NEED TO FILL OUT AND SIGN A
MEDICATION ADMINISTRATION FORM FOR EACH PET**

Has your dog been ill in the last 30 days? Yes No

Is your dog displaying any symptoms such as coughing, sneezing, or upset stomach? Yes No

Does your dog have any previous or current injuries, physical problems or health concerns, including allergies? Yes No If yes, please explain _____

Does your dog have any physical restrictions while playing, or sensitive area on the body? Yes No

If yes, please explain: _____

VACCINATION RECORDS

Please list the current expiration dates for the following vaccinations: (front desk may complete once they've received proof of current vaccinations). You are required to have a copy from the place your vaccinations were given. Bordetella vaccination must be administered at least 3 days prior to any services at The All About the Paw, LLC.

Rabies _____ DHLPP _____ Bordetella _____ CIV _____

ALL ABOUT THE PAW

Is your dog currently on a flea preventative medication? (Required for all guests) Yes No

Name of brand used: _____ Date it was last given: ____/____/____, **If**

The All About the Paw, LLC finds evidence of ticks or fleas, treatment will be provided at owner's expense.

PERSONALITY

Please check all answers that describes your dog's personality:

- Outgoing Timid Affectionate Reserved Protective Feisty Friendly Obedient
 Aggressive Independent Playful Confident Submissive Clingy Gentle

Please check all answers that describe your dog's attributes:

- Biter Climbs fences Howls Active chewer Barks excessively Likes to herd Low activity level Toy aggressive Food/treat aggressive Separation anxiety Excessive marking

- Excessive mounting Coprophagia (Eats feces) Other: _____

Has your dog ever bitten a person or another dog? Yes No

If yes, please explain: _____

Please check all that apply when describing situations where your dog may become unfriendly:

- Grabbing collar Being removed from furniture Meeting strangers Meeting other dogs

- Being hugged Being brushed Being touched while sleeping Being touched on the ears

- Being touched on the paws Being touched on the mouth Being touched on the tail Being

touched on the lower back Around women Around men Around children

- Other: _____

Has your dog displayed any of the following reactions? (Please check all that apply):

- Will bite May bite Growls Snaps Shows teeth Trembles freezes Moves away

Your dog plays best with: No Dogs Big Dogs Little Dogs Older Dogs Puppies

Does your dog eat or chew up soft towels, beds, blankets or other materials? Yes No

Please describe any behavioral problems or other information we should know.

Grooming

The All About the Paw, LLC administers free departure baths for guests boarding for 3+ nights. The All About the Paw, LLC proudly offers premier shampoos designed to safely clean our guests. If your dog has allergies or skin conditions we will use a hypo-allergenic formula.

Are you requesting your dog to be groomed during this stay? Yes No

If yes, which grooming service requested? bath mini groom full groom _____

A grooming form will be provided for you at check in.

Are you requesting daily brush out? Yes No

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Signature of Owner: _____ Date: _____