

PET PROFILE

Pet Parent's Name:	Date:
--------------------	-------

Dog's Name:	Age:	Breed:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Weight:	Color:
Is your dog spayed or neutered? <input type="checkbox"/> YES <input type="checkbox"/> NO		
How long has your dog been a member of your family? Years:		Months:
If adopted, please share what you know about your dog's history.		

RELATIONS WITH PEOPLE AND OTHER ANIMALS

Has your dog ever attended daycare before? <input type="checkbox"/> YES <input type="checkbox"/> NO Please describe the experience.
Has your dog ever been boarded before? <input type="checkbox"/> YES <input type="checkbox"/> NO Please describe the experience.
Has your dog ever been to the dog park? <input type="checkbox"/> YES <input type="checkbox"/> NO Please describe the experience.
Are there other animals in your household? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe (name, species, age):
Describe how your dog gets along with other animals in your household:
Has your dog had any socialization with other dogs?
How does your dog react to new people and/or dogs coming into your house/yard?
Has your dog ever bitten a person? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe the situation:
Has your dog ever bitten another dog? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe:

Has your dog growled or snapped at a person? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe:																		
Has your dog growled or snapped at another dog? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe:																		
How does your dog respond to other dogs approaching when you're out on a walk?																		
Is your dog fearful or reactive around certain types of dogs or people?																		
<p>Please check any of the following behaviors that apply to your dog:</p> <table border="0"> <tr> <td><input type="checkbox"/> separation anxiety</td> <td><input type="checkbox"/> toy/food possessive</td> <td><input type="checkbox"/> sensitive to touch</td> </tr> <tr> <td><input type="checkbox"/> excessive barking</td> <td><input type="checkbox"/> not house trained</td> <td><input type="checkbox"/> climbs fences</td> </tr> <tr> <td><input type="checkbox"/> fear aggressive</td> <td><input type="checkbox"/> fear of women</td> <td><input type="checkbox"/> coprophagia (eats stool)</td> </tr> <tr> <td><input type="checkbox"/> mouthiness</td> <td><input type="checkbox"/> fear of thunder</td> <td><input type="checkbox"/> digs under fences/chews fence</td> </tr> <tr> <td><input type="checkbox"/> fear of loud noises</td> <td><input type="checkbox"/> fear of men</td> <td><input type="checkbox"/> potty pad trained</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> destructive chewing (i.e. bedding)</td> </tr> </table>	<input type="checkbox"/> separation anxiety	<input type="checkbox"/> toy/food possessive	<input type="checkbox"/> sensitive to touch	<input type="checkbox"/> excessive barking	<input type="checkbox"/> not house trained	<input type="checkbox"/> climbs fences	<input type="checkbox"/> fear aggressive	<input type="checkbox"/> fear of women	<input type="checkbox"/> coprophagia (eats stool)	<input type="checkbox"/> mouthiness	<input type="checkbox"/> fear of thunder	<input type="checkbox"/> digs under fences/chews fence	<input type="checkbox"/> fear of loud noises	<input type="checkbox"/> fear of men	<input type="checkbox"/> potty pad trained	<input type="checkbox"/> destructive chewing (i.e. bedding)		
<input type="checkbox"/> separation anxiety	<input type="checkbox"/> toy/food possessive	<input type="checkbox"/> sensitive to touch																
<input type="checkbox"/> excessive barking	<input type="checkbox"/> not house trained	<input type="checkbox"/> climbs fences																
<input type="checkbox"/> fear aggressive	<input type="checkbox"/> fear of women	<input type="checkbox"/> coprophagia (eats stool)																
<input type="checkbox"/> mouthiness	<input type="checkbox"/> fear of thunder	<input type="checkbox"/> digs under fences/chews fence																
<input type="checkbox"/> fear of loud noises	<input type="checkbox"/> fear of men	<input type="checkbox"/> potty pad trained																
<input type="checkbox"/> destructive chewing (i.e. bedding)																		
Other problem areas or behaviors needing attention (please describe):																		

GROOMING

How does your dog react to being bathed?	
How often do you brush your dog?	Does your dog like to be brushed? <input type="checkbox"/> YES <input type="checkbox"/> NO
How does your dog react to having his/her nails trimmed?	
Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> YES <input type="checkbox"/> NO Please describe.	
Where on your dog does he/she enjoy being petted the most?	

GENERAL BEHAVIOR

Has your dog had any basic obedience training? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is your dog afraid of any specific items or noises? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe:
What does your dog do to show he/she is happy?
What does your dog do to show he/she is stressed?
What are your dog's favorite toys to play with?
Are you able to remove things from your dog's mouth? <input type="checkbox"/> YES <input type="checkbox"/> NO
What kind of games does your dog like to play with people?
What are you and your dog looking forward to at Barking Ranch Pet Resort?
Are there any other special needs, comments, or information about your dog that you feel might be helpful to ensure that your dog's experience at Barking Ranch Pet Resort is the best possible?

Thank you for taking the time to fill out our enrollment packet. This comprehensive questionnaire helps us cater to your dog's likes and dislikes, making for a pleasurable visit at Barking Ranch Pet Resort. We look forward to meeting you and your V.I.P. (Very Important Pet)!

Pet Parent Signature: _____ **Date:** _____

HEALTH PROFILE

Veterinarian Information

Veterinarian:	Hospital/Clinic Name:
Address:	
Hospital phone number:	Hospital fax number:

Vaccinations

The following vaccinations are required and must be current to enroll at Barking Ranch Pet Resort. We require proof of all vaccinations with date administered/due; these can be faxed, mailed, e-mailed, or dropped off in a hard copy.

- ✓ Rabies
- ✓ DHLPP or DHPP
- ✓ Canine Influenza
- ✓ Bordetella (every 6 months)
- ✓ Lepto (every 6 months)
- ✓ Fecal exam (for intestinal parasites)

Is your dog on flea/tick prevention? <input type="checkbox"/> YES <input type="checkbox"/> NO Brand used and last date given
Is your dog on heartworm prevention? <input type="checkbox"/> YES <input type="checkbox"/> NO Brand used and last date given

*Flea/tick prevention is required year-round.

Please describe your dog's general health. Include any current medical conditions of which we should be aware of.	
Does your dog have any known allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe.	
Provide details of your dog's diet including brand (Purina, Pedigree, etc.) and kind (canned, kibble, etc.)	
Amount per serving:	Feeding times: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening

Does your dog have any food restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe.
Please list any current medications your dog is taking and the frequency and time administered.
Does your dog have any hip/joint problems or restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what restrictions need to be observed in regard to your dog's activities or movements?
Is your dog allowed to have high quality dog biscuits and training treats provided by Barking Ranch? <input type="checkbox"/> YES <input type="checkbox"/> NO

Emergency Medical Release

In case of any emergency situation or injury, you will be contacted immediately. If we are unable to reach you or your emergency contact and if immediate medical attention is required, we will transport your dog to Brenham Veterinary Hospital, unless otherwise instructed by you or your emergency contact. There is no cost to you for transporting your dog. If the situation does not require immediate attention, you will be contacted and advised of the situation and we will follow your instructions.

I, the owner and pet parent of _____ understand that there are inherent risks to bringing my dog to a doggie daycare and boarding. In the event of serious injury and/or illness, I hereby give consent to Barking Ranch Pet Resort and its employees to act on my behalf, in the event that I cannot be contacted, to authorize and/or refuse any necessary medical treatment while under the care of the aforementioned. I understand that I will be responsible for any and all costs incurred for such treatment.

A FRIENDLY REMINDER:

Guests who participate in group activities may get scratched or bumped when playing with other dogs. Just like human children on a playground, they may incur mild injuries or become soiled from running and wrestling. Please expect to see these types of things on occasion. A Pet Caretaker will make you aware of any issues; otherwise, please do not be alarmed by scratches or marks.

Pet Parent Signature: _____ **Date:** _____

This document may not be altered in any manner. Any changes will be considered null and void without written consent from the Barking Ranch Pet Resort General Manager.