

OWNER PROFILE

How did you hear about us? Drive-By Friend Website Flyer/Mailing Shuttle Bus Ad Other: _____

Owner, Last Name _____ First _____ Date _____

Address _____

Phone Number, Home _____ Cell _____

Email (we do not sell nor distribute your email address) _____

Emergency Contact & Relation _____ Telephone _____

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DOG'S INFORMATION

Dog's Name _____ Birthday _____ Sex M F Weight _____

Breed(s) _____ Color/Markings _____ Neutered/Spayed Y N

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

Vet's Name _____ Phone _____

Is your dog on monthly tick & flea control? Y N Heartworm medication? Y N

Has your dog ever had kennel cough? Y N

Has your dog been ill or de-wormed in the last 30 days? Y N

If yes, explain _____

Does your dog have any medical or health conditions? Y N

If yes, explain _____

Does your dog have any medical restrictions on his/her activities? Y N

If yes, explain _____

Has your dog had surgery in the past year? Y N Is your dog currently on any medication? Y N

If yes, explain _____

Does your dog have any allergies? Y N If yes, please list/describe symptoms _____

DIET

Type & Brand of food (Wet Dry) Brand _____ How much _____ How often _____

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

Circle (all that apply) your dog's eating habits.

1. Eats all food at mealtime 2. Nibbles throughout day 3. Goes for periods without eating 4. Other_____

Has your dog ever suffered from Canine Bloat? Y N

Can we give your dog treats? Y N If yes, what type of treat do they enjoy?_____

Are there treats your dog does NOT like? Any treat restrictions?_____

TEMPERAMENT & HISTORY

Please describe your dog's overall temperament and personality_____

Has your dog ever attended daycare? Y N If yes, describe the experience_____

Has your dog ever been boarded? Y N If yes, describe the experience_____

Are there any other animals in the household? (Species/Breed/Age)_____

Which sex of dog is your dog most fond of? M F No Preference

Does your dog have any kinds of people he/she automatically fears or dislikes? Y N

Describe_____

Does your dog have any kinds of dog he/she automatically fears or dislikes? Y N

Describe_____

How often does your dog spend time with other dogs? Never Occasionally Often

How often does your dog go to the dog park? Never Occasionally Often

How does your dog generally react to other dogs?_____

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

If yes, explain_____

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

Grabbing collar / Hugging / Removing from furniture / Touching while sleeping / Bathing / Guarding food/toys

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

Describe your dog when they display unfriendly behavior (circle all that apply):

Will bite / May bite / Growls / Snaps / Shows teeth / Freezes / Trembles / Moves away

Has your dog ever been in a fight or bitten another dog? Y N

If yes, explain_____

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

Has your dog ever bitten a person? Y N

If yes, explain _____

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

How does your dog generally react to strangers? _____

Does your dog generally jump on people? Y N

What known behavioral problems does your dog have? _____

Has your dog ever escaped or attempted to escape by (circle) digging / jumping / climbing fences? Y N

Does your dog have a circumstance, situation, or noise that he/she is frightened of? Y N

If yes, describe (ex: balloon/tall men/thunder) _____

Do you walk your dog? Y N How often? _____ How long? _____

Does your dog play with toys? Y N If yes, which kinds? _____

Is your dog toy possessive? Y N If yes, describe _____

Has your dog shared toys/food/water with other dogs before? Y N Were there any problems? _____

TRAINING & OBEDIENCE

Has your dog received any training? Y N If yes, Where and When? _____

Is your dog housebroken or crate trained? Y N If yes, describe _____

Does your dog know any commands? Y N If yes, please list them _____

Bathroom command/word? _____ Quiet command/word? _____

What do you do with him/her when you leave home (ex: crate or roam)? _____

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

Are there any parts of the body that your dog does not like to be touched (ex: neck, bottom, tummy, ear, head), and what's their reaction when touched there? _____

What's your dog's favorite place to be petted or scratched (ex: neck, bottom, tummy, ear, head)? _____

In order to help us get to know your best friend better, please tell us ANY OTHER INFORMATION THAT WOULD HELP US TO MAKE HIM/HER FEEL MORE COMFORTABLE AT OUR FACILITY. OUR GOAL IS TO PROVIDE THE BEST AND FRIENDLIEST CARE TO YOUR DOG _____