

Canine Information

Owners Name _____ Phone Number _____

Pet Name: _____ Birthday: _____ Age: _____

Gender: **M / F** Breed: _____ Color: _____

Spayed/Neutered: **Y / N** How long have you had your pet? _____

Is your pet micro-chipped/ **Y / N** Is your pet tattooed? **Y / N** Where: _____

Is your pet potty trained? **Y / N** How often: _____

How did you acquire your pet ? _____

Does your dog have all their required vaccinations ? (Rabies, DHPP & Bordatella): **Y / N**

What brand of flea and tick control do you use? _____ Date of last application _____

is your pet crate trained? **Y / N** If yes, you may bring the crate so your pet has a sense of home.

List of commands your pet knows _____

Will your pet be eating a meal while at the resort? **Y / N** Can your pet receive treats? **Y / N**

How often are they fed? _____ Quantity per day _____

What brand of dog food do you feed your pet _____

Does your pet require a special diet? **Y/N** If yes describe _____

Does your pet have any health concerns/medical issues /allergies ? **Y / N** If yes please list:

Does your pet require any medication **Y / N** If yes, please explain. Bring the medication in the original prescription bottle and instructions for staff to administer properly.

List and surgeries or serious medical conditions your pet has had past to present:

Does your pet have any restrictions with physical activities? **Y / N** If yes, please note

Does your pet participate/attend dog group settings:

Dog Park? Where? _____

Play Groups? Where?: _____

Boarding/DayCare? Where?: _____

Behavioral Information Over all temperament of your pet _____

Is there any part of your pet's body that he/she does not like handled? Please describe

How does your pet walk on a leash? _____

Is there anything that may cause your pet to become scared, nervous, anxious, or fearful? Please describe

Please indicated your pet's energy level (1= couch potato, 5= never stops moving): 1 2 3 4 5

How would you describe your pet from the following (circle all that apply): Mellow Shy Energetic Pushy
Friendly Timid Confident Obsessive Fearful Active Obedient Submissive Couch Potato Excitable
Dominant Laid Back Playful Aggressive Destructive

Please inform us if there is anything else we should know about any of the behaviors indicated above:

How does your pet respond to the following:

Male Dogs: _____

How does your pet share:

Female Dogs: _____

Food/Water: _____

Bigger Dogs: _____

Toys : _____

Smaller Dogs: _____

How does your pet respond to:

Baths _____ Nail Trimming _____

Is there anything that your pet's dislikes?

Can your pet be handled by a stranger? **Y/N** Has your dog ever not gotten along with a stranger? **Y / N**

If yes, please describe the behavior as well as any indicators to the behavior.

Has your dog ever bitten anyone ? _____

If yes describe _____

Has your pet ever escaped or attempted to escape by digging, jumping, or climbing? **Y / N**

If yes, please describe

Favorite activities (Please circle all that apply):

Ball Frisbee "Keep Away" Tug Cuddling Belly Rubs Brushing Massage

Solo play TV Other: _____

Is there any additional information we should know to care for your pet?
