



Dog Profile

First Name: _____ Last: _____

Home Phone: _____ Cell Phone: _____

Physical Address: _____

City: _____ Zip: _____

Mailing Address: _____

City: _____ Zip: _____

Email: _____

Dog's Name: _____ Sex: ____ Breed: _____

Color: _____ Approx. Weight: _____

Dog's Birthday: ____/____/____

Emergency Contact Name: _____ Phone: _____

Veterinary Clinic: _____ Veterinary Phone: _____

Medical

Is your dog allergic to any type of food? ___No ___Yes	Is your dog allergic to any medication? ___No ___Yes
Does your dog have any old/current injuries? ___No ___Yes	Is your dog taking any medication? ___No ___Yes Explain:
Any additional health concerns?	

Behavior

My dog's activity level:	Low	Medium	High	
At feeding times, my dog eats:	Slow	Normal	Fast	
My dog has boarded before	Yes	No		
General Demeanor	Outgoing	Timid	Pushy	Affectionate
My dog plays well with other dogs	Yes	No	Explain:	
My dog's unfriendly behavior	Will Bite	Shows Teeth	Trembles	Moves Away
	May Bite	Growls	Freezes	Snaps
Behavior while riding in a car	Enjoys	Dislikes	Neutral	
Has your dog ever bitten a person?	No	Yes (did not puncture skin)	Yes (medical care was required)	
Has your dog ever bitten another dog?	No	Yes (Veterinary care NOT Needed)	Yes (Veterinary care WAS needed)	
Is your dog off leash trained?	Yes	No	Recall?	
If you use a training collar please describe.				