

PET PROFILE & HEALTH HISTORY

All information contained herein is strictly confidential and will become part of your pet's record.

Name <i>(Last, First, M.I.):</i> _____	Pet's Name: _____
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HISTORY

Dog's Background:	
Length of ownership?	
How acquired?	<input type="checkbox"/> Breeder Who: _____ <input type="checkbox"/> Rescue Where: _____ <input type="checkbox"/> Other Describe: _____
Knowledge of history?	_____ _____ _____
Why have you chosen Daycare for your dog? _____	
Is there anything else that we need to know about your dog? _____	

HEALTH HABITS AND PERSONAL SAFETY

Health: How you routinely care for your dog			
Dog food brand/type:	<input type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Raw <input type="checkbox"/> Homemade		
Grooming?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Nail Trimming?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Past Injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Environment: <small>(If yes, please explain)</small>	Other pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, what kind?		
	Other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Regular Exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Obedience Training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Play Group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Day Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Kennel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How often?	Favorite Playmates (m/f, breed, size) Socializes with other dogs outside of home?		

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	
<input type="checkbox"/> Occasionally	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never	
How Dog interacts with others	Personality?		

	Reaction to new dogs?		

	Reaction to new vet?		

"No Touch" Areas?			

Stressful places, objects or situations?			

Ever bitten or harmed a person or dog?			

BEHAVIORS

<input type="checkbox"/> Barking	<input type="checkbox"/> Biting	<input type="checkbox"/> Digging
<input type="checkbox"/> Eating Feces	<input type="checkbox"/> Eating objects	<input type="checkbox"/> Escaping
<input type="checkbox"/> Food Aggression	<input type="checkbox"/> Leash Aggression	<input type="checkbox"/> Marking
<input type="checkbox"/> Mounting	<input type="checkbox"/> Over Protective	<input type="checkbox"/> Separation anxiety
<input type="checkbox"/> Small/Large Dog aggression	<input type="checkbox"/> Toy aggression	<input type="checkbox"/> Aggression of any form

Signatures	
I have had sufficient opportunity to read this and fully understand this entire document and agree to be legally bound by its terms and conditions.	
Signature of applicant:	Date:
Signature of spouse (<i>only if for a joint ownership</i>):	Date: