



GUEST PROFILE

DogName: _____ **M/F Breed:** _____ **DOB** _____

Parent(s) _____

Address _____

Phone # H: _____ C: _____

Email _____

Emergency Contact Name _____ # _____

Who can pick up your dog _____

Veterinarian Name _____

Address _____ # _____

When was your dog last inoculated for the following vaccinations? Please give Due dates for;

Rabies _____ Distemper _____ Bordatella _____

Is your dog Spayed or Neutered? **Yes/No**

Diet: Type of food _____ Amount/How Often _____

Medications: _____

What is your current method of flea/tick control _____

last application date _____

Is your dog on monthly heart worm **Yes/No**

Was your dog de-wormed in the last 6 months? **Yes/No**

Has your dog ever had kennel cough? **Yes/No** If Yes when _____

Has your dog been sick in the last 30 days? **Yes/No** If yes please explain _____

Has your dog had any surgeries or does it have any medical condition we should be aware of? _____

Does your dog have any allergies? _____

What is your dogs energy level on a scale of 1-10 _____

How does your dog react to new people? Circle all that apply

Shy Bites Bares Teeth Barks Friendly Sniffs Licks

Does your dog have any of these issues?

Separation anxiety Growling Excessive Barking Biting

Leash/Collar Aggression Toy Aggression Food Aggression Jumping

