

# Farmhouse Animal Care, LLC

## DOG PROFILE

(Please complete this form for each dog in your household.)

Dog's Name: \_\_\_\_\_ Sex:  M  F Age/Birthday: \_\_\_\_\_ Color/Breed/Description: \_\_\_\_\_

How long have you had this dog? \_\_\_\_\_ Does your dog have pet insurance?  Yes  No If yes, list insurance carrier: \_\_\_\_\_

Does your dog allow you to brush and groom it?  Yes  No Is your dog spayed or neutered?  Yes  No

Has your dog had obedience training?  Yes  No If yes, commands recognized: \_\_\_\_\_

Is the dog microchipped? If so, list chip company, phone # and ID # \_\_\_\_\_

Is there a digital ID tag? If so, list company and website: \_\_\_\_\_

How does dog react to your absence from home? \_\_\_\_\_

Does your dog have any hiding places? \_\_\_\_\_

Does your dog walk with a harness or any special collar?  Yes  No If yes, please describe. \_\_\_\_\_

How does your dog react toward children and adult strangers? \_\_\_\_\_

How does your dog react to other pets (e.g., any in-house grumbling or fighting)? \_\_\_\_\_

Are you aware of any reason we should approach your dog with caution? \_\_\_\_\_

Does your dog have any contagious illness? \_\_\_\_\_

Does your dog have any physical conditions or problems I need to be alert to? \_\_\_\_\_

List any special attention these conditions or problems may require: \_\_\_\_\_

Is there anything your dog potentially dislikes/reacts to (e.g., males, long hair, thunderstorms, etc)? \_\_\_\_\_

While walking on a leash, does your dog react to:  Other Dogs  Cats  Squirrels  Children  Other \_\_\_\_\_

Has your dog ever bitten anyone, animal or human? \_\_\_\_\_

While walking your dog in your neighborhood, is there anything I should be aware of (e.g., unconfined dangerous dogs, neighborhood issues, etc.)? \_\_\_\_\_

Is your dog allowed free run of home's interior or contained in room or crate? \_\_\_\_\_

Will pet-care responsibility be shared with anyone else? \*  Yes  No If yes, please give name, address, phone number of other person and details of job sharing arrangement. \_\_\_\_\_

What is your dog's feeding schedule?  Free Fed  A.M. Only  P.M. Only  A.M. and P.M. Fed Pet Food Brand: \_\_\_\_\_

Can your dog have treats?  Yes  No What kind? \_\_\_\_\_ How Often? \_\_\_\_\_

Is there any additional information about your dog you would like to share? \_\_\_\_\_