**OWNER INFORMATION**

***First Name:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Last Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Home Address:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***City:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***State:*** \_\_\_\_\_\_\_ ***Zip:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Cell Phone:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Cell Phone Carrier (to receive text msg):*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Home Phone:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***E-mail:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

***Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Relationship:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Phone:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please list those whom are authorized to pick up your dog:***

1. ***Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Relationship:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Phone***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. ***Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Relationship:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Phone***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veterinarian:**

**Clinic Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANIMAL PROFILE**

***Pet’s Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Breed:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Weight:*** \_\_\_\_\_\_\_\_\_\_\_ ***Color:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Age/Birthdate:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check where appropriate:**

 [ ] Male [ ] Female [ ] Neutered/Spayed [ ] Intact

 *(we do not accept Intact Dogs over the age of 1 years old)*

Has your dog/cat ever attended a daycare or boarding facility in the past? [ ] Yes [ ] No

Has your dog ever been to a dog park? [ ]  Yes [ ]  No

**MEDICAL HISTORY**

Is your dog/cat currently taking any medications? [ ]  Yes [ ] No

Has your dog/cat been ill in the last 30 days? [ ] Yes [ ]  No

Is your dog/cat displaying any symptoms such as coughing, sneezing, or upset stomach? [ ]  Yes [ ]  No

Does your dog/cat have any previous or current injuries, physical problems, or health concerns, including allergies? [ ]  Yes [ ]  No If yes, please explain: Click or tap here to enter text.

Does your dog/cat have any physical restrictions while playing, or sensitive area on the body? [ ]  Yes [ ]  No

*If yes, please explain:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONALTIY**

**Has your dog ever bitten a person or another dog?** [ ]  Yes [ ]  No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check all answers that describes your dog’s/cat’s personality:**

[ ]  Outgoing [ ]  Timid [ ]  Affectionate [ ]  Reserved [ ]  Protective [ ]  Feisty [ ]  Friendly [ ]  Obedient

[ ]  Aggressive [ ]  Independent [ ]  Playful [ ]  Confident [ ]  Submissive [ ]  Clingy [ ]  Gentle

**Please check all answers that describe your dog’s/cat’s attributes:**

[ ]  Biter [ ]  Climbs fences [ ]  Howls [ ]  Active chewer [ ]  Barks excessively [ ]  Likes to herd [ ]  Low activity level [ ]  Toy aggressive [ ]  Food/treat aggressive [ ]  Separation anxiety [ ]  Excessive marking [ ]  Excessive mounting [ ]  Coprophagia (eats feces) [ ]  Rock eater [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check all that apply when describing situations where your dog/cat may become unfriendly:**

[ ]  Grabbing collar [ ]  Being removed from furniture [ ]  Meeting strangers [ ]  Meeting other dogs

[ ]  Being hugged [ ]  Being brushed [ ]  Being touched while sleeping [ ]  Being touched on the ears

[ ]  Being touched on the paws [ ]  Being touched on the mouth [ ]  Being touched on the tail [ ]  Being touched on the lower back [ ]  Around women [ ]  Around men [ ]  Around children [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your dog/cat displayed any of the following reactions? (Please check all that apply):**

[ ]  Will bite [ ]  May bite [ ]  Growls [ ]  Snaps [ ]  Shows teeth [ ]  Trembles [ ]  Freezes [ ]  Moves away

**Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your dog plays best with:** [ ]  No Dogs [ ]  Big Dogs [ ]  Little Dogs [ ]  Older Dogs [ ]  Puppies

**Additional Information**: regarding Feeding, Medications, Allergies, Health Conditions, etc.. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_