



Pet Profile

Client Name: _____ Phone: _____
Pet Name: _____ Nickname? _____
Breed: _____ Color: _____
Birthdate: _____ Gender: Male__ Neutered__ Female__ Spayed__
Up to date on vaccines (or titers) Yes__ No__ Microchipped Yes__ No__
Health Issues: Yes__ No__ If yes, please explain _____

Veterinarian name, address & phone number: _____

Emergency contact name & phone number: _____

Is your pet allergic to anything? Yes__ No__ If yes, please give details on known allergies and how exposure would be addressed. Also please list symptoms.

If needed, may we administer: Benadryl? Yes__ No__ Pepto Bismol? Yes__ No__

May I tag you if your pet is featured on AKPS social media? Yes__ No__

Facebook username: _____ Instagram handle: _____

Feeding Information

Pet is a: good eater__ average eater__ finicky eater__

Pet eats: 1 time a day__ 2 times a day__ 3 times a day__ Free Feed__

Pet will eat in the presence of other dogs/cats__ or pet should be fed in a confined area__

Food protective/reactive? Yes__ No__

Are treats okay? Yes__ No__

Dry Food Brand Name:

And/or canned/Frozen/Raw Food Brand

Name:

Recipe please? Please give **detailed meal instructions**. List quantities, canned/dry/refrigerated/frozen, additional ingredients, warmed, broth/water, supplements/meds, etc

Medications/Supplement Information:

Name of Medication/Supplement:

Directions:

Name of Medication/Supplement:

Directions:

Name of Medication/Supplement:

Directions:

Additional Medical Information?

Behavior and lifestyle Information:

Overall Energy Level: High__ Medium__ Low__

Socialization w/People: Highly Social__ Somewhat Social__ Shy or Timid__ Fearful of men__

Socialization w/Dogs: Highly Social__ Somewhat Social__ Shy or Timid__ Reactive__

Snuggler? Yes__ No__

Chewing: Chews Everything__ Chews only Bones/Toys__ Never Chews Anything__

Interest in Toys: Toys, toys, toys. Can't get enough__ Take it or leave it__ Not Interested in Toys__

History of aggression? Yes__ No__ **History of reactivity?** Yes__ No__ If yes, what is your pet reactive to?

Has your pet ever bitten someone? Yes__ No__

Has your pet ever been in an altercation with another animal? Yes__ No__ If yes, please describe in detail:

History of separation anxiety and/or other sources of discomfort? Yes__ No__

Noise sensitivity Yes__ No__ Fear of cars/motorcycles/bicycles Yes__ No__ Other causes for fear or anxiety, please list:

If yes to any, what is the general behavior when experiencing issues related?

Off leash: Stays Close__ Comes when called__ Likes to Chase/Be Chased__ Escape Artist__

Potty habits: Not Potty Trained__ Pee pads__ House broken__ Currently potty training__

Does your dog mark inside Yes__ No__

Normal potty schedule: 1st potty_____ a.m. How many daytime potty breaks?__ Last potty_____p.m.

Accustomed to routine/everyday walks when at home? Yes__ No__ If so, your pet is a: Great walker/heals__ Gentle/easy to walk__ Not too bad, needs reminding__ Pulls__ Aggressive puller__ Tries to back out of or escape from collar/harness__ Good luck walking Dogzilla__

In the yard: Loves being outside__ Likes to sunbathe__ Plays fetch/catch__ Attempts to escape (under gate or wall jumping)__

Open doors: Will run out if given the opportunity__ Use extreme caution when opening exterior doors__ Unphased/low risk__

Uses a kennel: Never__ When unattended__ When home alone__ When not being directly interacted with__ When eating meals__ When over excited__ At night/sleeps in__ Currently kennel/crate training__

Cat tolerant? Yes__ No__ Unknown__

Where does your pet sleep when at home?

Can he/she be trusted when

unattended at night (for sleeping hours) Yes__ No__

Trained in obedience? Yes__ No__ If yes, what commands does your family use

General things that I should know about your pet not mentioned above: Favorites? Dislikes? Quirks? Anything that needs mentioning...