



Critter Pet Care
2516 Taylor Avenue
Oakland, CA 94605
510.859.7387
CritterPetCare.com

DOG PROFILE FORM

Client Information:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Alt Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Authorized Picker-Upper's:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Veterinarian:

Clinic Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Pet Guest Information:

Dog's name: _____ Primary Breed: _____ Color: _____

Weight: _____ Age / Birthday: _____ Male Female Spayed / Neutered

Medical History:

Is your dog taking any medications? Yes No *If yes, inform Critter Pet Care staff and confirm specific medications that should be provided during your pet's stay. If medication administration is agreed upon, please attach documentation and/or special instructions for each medication for each pet.*

Has your dog had any illness in the past 30 days? Yes No *If yes, explain:* _____

Does your dog have any previous or current injuries, physical problems or health concerns, including allergies? Yes No *If yes, explain:* _____

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

If yes, explain: _____

Vaccination Records:

Please provide a list of current annual vaccinations and when they are due next : _____

Is your dog currently on a flea preventative medication? Yes No

If yes, name of brand used _____ Date it was last administered ___/___/___

Pet Personality:

Please check all that applies to your dog's personality:

- Outgoing Timid Affectionate Reserved Feisty
Friendly Playful Independent Confident Submissive
Clingy Gentle Aggressive Dominant

Other _____

Please check all that apply to your dog's attributes:

- Separation anxiety Verbally sensitive Chews things Fears noises Digs
Barks: (Rarely | Occasionally | Often) Low activity level Medium activity level High activity level
Likes other dogs Prefers people Not good with cats OK with cats

Other _____

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application, that my signature is sufficient to enter into this application for and on behalf of any other owner/representative.

Client signature _____ Date _____