



PCAC Dog Profile

Basic Information

Owner: _____

Pet Name: _____

Sex: Male Female Altered: Yes No

Is PCAC your pet's regular veterinarian? Yes No

If "No", please provide your current veterinarian's name and phone number: _____

If you pets are not regularly cared for by PCAC, please submit a copy of the most recent vaccination records from your current veterinarian.

Medical Profile

Medical conditions: _____

Any known food or medication allergies? _____

Has your pet had any major surgeries? _____

Has your pet ever been diagnosed with bloat? _____

Does your pet suffer from arthritis or soreness? _____

Does you pet have any activity restrictions? _____

Is your pet currently on medications? _____

(If yes, please list on Boarding Check In Sheet)

Is your pet currently being treated with a flea and tick prevention? _____

If yes, please list product name and last application date: _____

Behavior Profile

1. Is your dog house trained? Yes No

2. Has your dog had any obedience training? Yes No

If Yes, Select type of training:

At home by owner Professional group class Professional individual class

3. Describe your pet's personality: (select all that apply)

- Calm**
- High Energy**
- Affectionate**
- Listens to commands**
- Playful**
- Shy/Submissive**
- Barks Excessively**
- Jumps on people**
- Dominant**
- Afraid of men**
- Separation Anxiety**
- Possessive with Toys**
- Aggressive**
- Destructive with Beds/Toys**

4. Describe your dog's activity level:

- Low**
- Moderate**
- High**

5. Please mark any situations in which your dog may become unfriendly:

- Grabbing Collar**
- Removing from furniture**
- Around food or toys**
- Nail Trimming**
- Touching while sleeping**
- Around other dogs**
- Touching ears, paws, mouth**
- Other: _____**

6. If your dog displays unfriendly behavior, he/she:

- Will bite**
- May bite**
- Growls**
- Snaps**
- Shows teeth**
- Freezes**
- Trembles**
- Moves away**

7. Is your dog known to attempt to escape or run away? Yes No

8. Has your dog ever bitten a person or another pet? Yes No

9. Has your dog ever been bitten by another dog? Yes No

10. Does your dog play well with other dogs? Yes No
 females males both

11. Has your dog ever been in daycare or to a dog park before? Yes No

Been boarded before? Yes No

How long: _____

Additional information you feel may be helpful about your pet: _____
