

| Pet Profile                                       |                |                 |             |                         |              |        |        |
|---|----------------|-----------------|-------------|-------------------------|--------------|--------|--------|
| Pet Owner   |                |                 |             |                         |              |        |        |
| Owner's Name:                                     |                |                 |             |                         |              |        |        |
| Address:  |                |                 |             |                         |              |        |        |
| Email:  | Cell Phone:    |                 |             | Work Phone:             |              |        |        |
| Additional Owners:                                |                |                 |             | Additional Owner Phone: |              |        |        |
| Emergency Contact:                                |                |                 |             | •                       |              |        |        |
| How did you hear about us?                        |                |                 |             |                         |              |        |        |
| Dog Info  |                |                 |             |                         |              |        |        |
| Name:   | Breed(s):      |                 |             | Color(s):               |              |        |        |
| Date of Birth:                                    | Weight:        |                 |             | Circle: Male            | Neutered     | Female | Spayed |
| Allergies/Medications/Conditions?                 | •              |                 |             |                         |              |        |        |
| Veterinary Office:                                |                |                 | Phone Numl  | ne Number:              |              |        |        |
| Please provide copy of vet records showing ve     | accination fo  | r rabies, diste | emper, kenn | el cough, and           | canine influ | enza.  |        |
| Social Experience:                                |                |                 |             |                         |              |        |        |
| Obedience/Training:                               |                |                 |             |                         |              |        |        |
| Crate Trained?                                    |                |                 | ken?        |                         |              |        |        |
| Bite/Fight History (Person or Dog - Details):     |                | •               |             |                         |              |        |        |
| Is there anything else we should be aware of? Pre | eferences, per | sonality, play  | style       |                         |              |        |        |
|   |                |                 |             |                         |              |        |        |
|   |                |                 |             |                         |              |        |        |
|   |                |                 |             |                         |              |        |        |
|   |                |                 |             |                         |              |        |        |
| StellaDoggo notes:                                |                |                 |             |                         |              |        |        |
|   |                |                 |             |                         |              |        |        |
|   |                |                 |             |                         |              |        |        |
|   |                |                 |             |                         |              |        |        |
|   |                |                 |             |                         |              |        |        |
| Initial and date: StellaDoggo:                    |                |                 | wner:       |                         |              |        |        |