

K9 Care Camp, L.L.C.
7795 Douglas Avenue
Kalamazoo, MI 49009
269-270-3393



Dog Profile Form

Client Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Please list those who are authorized to pick up your dog:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Veterinarian:

Clinic Name: _____ Address: _____

Telephone number: _____

How did you hear about us? _____

Pet Information

Dog's Name: _____ Primary Breed: _____

Weight: _____ Color: _____ Age/ Birthdate: _____

Gender information:

____ Male ____ Female ____ Neutered ____ Intact

Has your dog been to a boarding facility in the past? Yes No

Does your dog have a basic understanding of obedience commands (sit, stay, down, etc.)? Yes No

Is your dog housebroken? Yes No Is your dog crate trained? Yes No

K9 Care Camp



Medical History

Is your dog taking any medications? Yes No

If yes, please fill out a medical administration form.

Has your dog had any symptoms such as sneezing, coughing, vomiting or diarrhea? Yes No

Has your dog been ill in the past 30 days? Yes No

Does your dog have any previous or current injuries, physical problems, or health concerns, including allergies? Yes No

If yes, please explain _____

Vaccination Records

Please list the current expiration dates for the following vaccinations (Bordetella must be administered at least 2 wks prior to boarding with us.

Rabies _____ DHLPP _____ Bordetella _____

Is your dog currently on a flea and tick medication? Yes No

If we find evidence of fleas or ticks, treatment will be provided at the owner's expense using Advantage topical or spray.

Personality

Please check all answers that describe your dog's personality:

Outgoing Timid Aggressive Affectionate Reserved Protective Feisty

Friendly Obedient Independent Playful Confident Submissive Clingy Gentle

Please check the answers that describe your dog's attributes:

Biter Climbs or jumps fences Howls Barks excessively Active chewer Low activity level High activity level Separation anxiety

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

I, the undersigned, hereby acknowledge and agree that all of 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 being described in this application, that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Signature of Owner: _____ Date : _____