



Dog Profile



General Information

How Did You Hear About Us? _____

Date: _____

Name: (Last) _____ (First) _____

Phone Numbers: () _____ (H) () _____ (C) Email _____

Mailing Address: _____

Other's that are authorized to pick up your pet: _____

Dog's Name: _____ Sex _____ Spayed _____ Neutered _____

Primary Breed: _____ Color _____ Weight _____

Dog's Birthday: ____/____/____ Has your dog lived with you less than a month? Yes _____ No _____

Emergency Contact: (Name) _____ Number () _____

Veterinarian's Name, Addr. Phone No. _____



Diet

Only puppies, dogs with medical reasons, or dogs with special needs will be fed during daycare hours. Each dog owner is responsible for providing food for their dog if it must be fed. The food may be provided on a daily basis, or a larger supply may be left at the daycare.

Will you bring your dog's food to The Velvet Snout? Yes _____ No _____

Brand of Food: _____ Amount per feeding: _____

How many times a day would you like your dog fed? _____

How food is served: Soaked _____ Dry _____ Warm _____ Other (specify) _____

Are there any treats your dog may not have? _____



Medical

What is the current health condition of your dog? Excellent _____ Good _____ Poor _____

Does your dog have allergies? Yes _____ No _____ If yes, please describe: _____

Please describe any genetic conditions currently affecting your dog: _____

Has your dog been diagnosed with any communicable disease, bacteria or parasite in the past 30 days?
Yes _____ No _____ If yes, please describe: _____

When was your last Veterinarian visit? _____

Does your dog have a problem with fleas? Yes _____ No _____

What flea/parasite control do you use? _____

Does your dog have any old or current injuries or health concerns? Yes _____ No _____

If yes, please describe: _____

Are there any restrictions that need to be placed on your dog's activities or movement? _____

Is your dog taking any medications? Yes _____ No _____

If yes, please name the medication(s) and reason(s): _____

Does your dog engage in any unusual or repetitive behaviors? Yes _____ No _____

If yes, please explain: _____



Behavior

Has your dog been in daycare/ boarding before? Yes _____ No _____

How did they behave? _____

Has your dog been to a dog park? Yes _____ No _____

How did they behave? _____

How long have you had your dog? _____

Where did you get your dog? _____

If adopted, do you have knowledge of your dog's history? Please describe: _____

Has your dog had any obedience training? Yes _____ No _____ Circle answer: At home / Class / Professional Trainer

Circle all that describe your dog's personality: Outgoing / Verbally Sensitive / Timid / Affectionate / Pushy / Independent / Reserved / Confident / Submissive / Clingy / Excitable / Playful / Gentle / Mouthy

Is your dog's activity level: Low / Medium / High

At feeding times, your dog eats: Fast / Slow

Circle all situations where your dog may become unfriendly: Grabbing collar / Hugging / Removing from furniture / Touching while sleeping / Touching ears /paws/mouth/tail / Around other dogs / Other / None

Describe your dog's unfriendly behavior (Circle all that apply): Will bite / May bite / Growls / Snaps / Shows Teeth Trembles / Moves Away

Has your dog ever bitten a person? Yes _____ No _____

If yes, did the bite puncture the skin? Yes _____ No _____ or require stitches Yes _____ No _____

Has your dog ever bitten another dog? Yes _____ No _____ If yes, was Veterinary care needed? Yes _____ No _____

Has your dog ever been bitten by another dog? Yes _____ No _____ Was Veterinary care needed? Yes _____ No _____