

PET PERSONALITY FORM

| Pet Name: | - | | | |
|---|-----------------|-------------------|---------------|------------------------|
| Breed/Desc | ription: | | | |
| Breed/Description: | | | | day: |
| Male/Female: | | | | ered/Spayed: |
| Micro-chipp | ed (If yes, ple | ase provide ID |) #): | |
| Currently on any Medications: | | | Yes | No |
| Medication 1 | Name: | | | |
| Time of Day | Given: | | | |
| Reason for M | Medication: _ | | | |
| Does your d | og have any p | oast injuries o | r current con | ditions? |
| Does your d | og have any a | allergies? If yes | s, explain: | |
| Does your d | og have any a | activity restric | tions? | |
| How long ha | ave you had y | our dog? | | |
| Where did y | ou get your d | og from? | | |
| Has your dog been in daycare before? Yes No When: | | | | |
| Has your dog been boarded before? Yes No When: | | | | |
| Does your d | og get along v | with other anii | mals? Yes | No |
| Please circle | e all that appl | у | | |
| Licker | Chewer | Jumper | Escape Artis | st Runner |
| Talker | Crier | Barker | Biter | Destructive Marker |
| Playful | Anxious | Picky | Cuddler | Hyper Nervous |
| Shy | Social Butte | erfly Coucl | n Potato | Independent Food Hound |
| Other: | | | | |

| Are there any other pets in the household? Yes No If yes, what kind: |
|--|
| Is your dog afraid of anything such as noises or objects? Yes No If yes, explain: |
| How does your dog react to strangers?: |
| Has your dog ever snarled, shown teeth, growled or bitten any one or another dog?: Yes No If yes, please explain: |
| Is your dog possessive or aggressive with toys, food, water, treats, family members? Yes No If yes, please explain: |
| Will your dog growl if you take food away from him/her? Yes No |
| Has your dog had any obedience training? Yes No |
| Does your dog have separation anxiety when left by themselves? Yes No If yes, please describe: |
| Has your dog ever jumped or climbed a fence? Yes No If yes, how high was the fence? |
| Are there any areas of your pets body that they don't like to be touched? Yes No If yes, Where? |
| If your dog is boarding with another dog from the same family, can they be kenneled together? Yes No |
| *If kenneled together, can the dogs eat together in the same kennel? Yes No |
| Can your pet have treats? Yes No |
| What else would you like us to know about your pet? |
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| Owner Signature: Date: |