



## PET PERSONALITY FORM

**Pet Name:** \_\_\_\_\_

Breed/Description: \_\_\_\_\_

Color: \_\_\_\_\_ Birthday: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Neutered/Spayed: \_\_\_\_\_

Micro-chipped (If yes, please provide ID #): \_\_\_\_\_

Currently on any Medications: Yes No

Medication Name: \_\_\_\_\_

Time of Day Given: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Does your dog have any past injuries or current conditions? \_\_\_\_\_

Does your dog have any allergies? If yes, explain: \_\_\_\_\_

Does your dog have any activity restrictions? \_\_\_\_\_

How long have you had your dog? \_\_\_\_\_

Where did you get your dog from? \_\_\_\_\_

Has your dog been in daycare before? Yes No When: \_\_\_\_\_

Has your dog been boarded before? Yes No When: \_\_\_\_\_

Does your dog get along with other animals? Yes No

Please circle all that apply

Licker	Chewer	Jumper	Escape Artist	Runner
Talker	Crier	Barker	Biter	Destructive Marker
Playful	Anxious	Sissy	Cuddler	Hyper Nervous
Shy	Social Butterfly	Couch Potato	Independent	
Picky	Food Hound			

Other: \_\_\_\_\_

Are there any other pets in the household? Yes No  
If yes, what kind: \_\_\_\_\_

Are there any children in the household? \_\_\_\_\_

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? \_\_\_\_\_

Can your pet have treats? Yes No

What else would you like us to know about your pet?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_