



## Pet Profile

Please take a few minutes to complete this profile for your Pet, **one per Pet** please.

Owner's Name: \_\_\_\_\_

Pet's Name \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ DOB or Age \_\_\_\_\_

**Required Vaccinations:** Canine Influenza, Bordetella, DHLPP, Rabies

Written proof of vaccines attached?    Yes            No

Vet Clinic Name \_\_\_\_\_ Vet's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

Do we have your permission to contact your veterinarian to verify vaccinations/medical history?    Yes            No

## Medications

**All medication containers must have a Veterinary prescription label, including pet's name.**

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Reason: \_\_\_\_\_

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Reason: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

## Feeding Instructions

Dry Food (brand): \_\_\_\_\_ Canned Food (brand): \_\_\_\_\_

Food Supplements: \_\_\_\_\_

Morning Feeding Instructions: \_\_\_\_\_

Afternoon Feeding Instructions: \_\_\_\_\_

Evening Feeding Instructions: \_\_\_\_\_

Food Allergies?    Yes    No            If yes, what type? \_\_\_\_\_

Does your pet have any physical disabilities? Yes No

If yes, please explain \_\_\_\_\_

Please circle if your pet has a history of the following:

Urinary Tract Infections	Eye Infections	Ear Infections	Lameness/Limping
Skin Problems	Respiratory Problems	Seizures	Other _____

Has your pet ever attended daycare? Yes No

If yes, please describe the experience \_\_\_\_\_

Has your pet ever been boarded? Yes No

If yes, please describe the experience \_\_\_\_\_

Has your pet spent time with other pets? Never Occasionally Often

What situations may cause your pet to become unfriendly? (Circle all that apply)

Grabbing collar	Touching while sleeping	Removing from furniture	Bathing
Hugging	Guarding food/Toys	Touching ears/paws/mouth/tail	Nail trimming
Brushing	Around other dogs	Other	None

Has your pet ever been injured? Yes No

If yes, please explain \_\_\_\_\_

Has your pet ever bitten a person? Yes No

If yes, please explain \_\_\_\_\_

Has your pet ever bitten another pet? Yes No

If yes, please explain \_\_\_\_\_

Is your pet an escape artist? Yes No

Does your pet have any particular fears or dislike? Yes No

If yes, please explain \_\_\_\_\_

The above information is correct to the best of my knowledge.

Owner's Signature: \_\_\_\_\_ Date \_\_\_\_\_