

Initials: _____ NOTES: _____

DOG PERSONALITY PROFILE - Thank you for filling out this profile, it will help us better care for your dog.

How long have you owned him/her? _____

Where did you get him/her? _____

Does s/he get along with dogs? Yes No Some Unknown

Has your dog ever boarded before? Yes No - If yes, where? _____

Has your dog attended daycare before? Yes No - If yes, where? _____

Has your dog ever visited a dog park? Yes No - If yes, how does your dog react when first entering the park? _____

Is s/he housetrained? Completely (no mistakes) Makes Mistakes "Marks" Territory

What type/brand of food does s/he eat? _____

How much does s/he eat? AM _____ Noon _____ PM _____

Eating Habits- Please check all that apply: Eats all the food in the bowl at once Nibbles at it throughout

the day Goes through periods without eating a meal Sometimes changes food to regain appetite.

Does your dog have any food allergies or restrictions? Yes No If yes, please

explain: _____.

Check the following items s/he is protective of: Food Bowl Toys Rawhides/Bones People

Other: _____ If yes, please explain: _____

S/he protective of the above items towards: Other Animals Humans Both

Under what circumstances would s/he:

Growl: _____

Snap: _____

Bite: _____

S/he is aggressive at the: Gate Door End of a Leash

How does he/she act when on a leash? _____.

S/he is afraid of: Thunder Loud Noises Being left alone

Other: _____

Does s/he have separation anxiety? (afraid of being without you) No Yes. Please explain what s/he

does: _____.

S/he destructive when left alone or confined? Yes No

If yes, s/he: Scratches Soils Barks/Whines Digs Chews - What? _____

How does s/he react to: New People/Situations: _____ Veterinarian: _____

Are there any places on his/her body that s/he does not like to be touched? _____

S/he can be described as (check all that apply): Shy Hyper Noisy Aggressive Protective

How is s/he corrected when s/he misbehaves? _____

What commands does s/he understand? Sit Stay Come Off Down Paw Other: _____

Please check all that apply to your dog: Jumps on people Runs away when called Chews

"nips"/ bites when playing Barks Incessantly Digs Self Mutilates Disobeys Eats own stool

Eats grass/dirt/foilage/etc.

How much exercise does your dog get on an average day? _____

Does s/he take any medication other than monthly preventatives? Yes No

Please list: _____

Has s/he been sick recently? Yes No If yes, when, and what was the treatment?

_____.

What restrictions, if any, need to be placed on your dog's activities or movements?

Does your dog have any medical issues that we need to be aware of? (seizures, incontinence, hip dysplasia, etc.)

Does your dog prefer: (please circle if applicable) MALE FEMALE BIG SMALL dogs(s)?

This information provided in this profile is true, correct, and complete. If my application is accepted, any misstatement or omission of fact on this profile may result in my dismissal.

I hereby authorize an investigation of all information contained in this profile and I specifically release from all liability Care-A-Lot®, or it's designates, and any persons, companies and/or corporations who may be contracted to verify or supplement any information I have provided.

Name:

Signature: _____ Date: _____