



Care-A-Lot
PET RESORTS

Your pets are our babies too.®

Pet Evaluation- Dog

Dog Personality Profile

How long have you owned him/her? _____

Where did you get him/her? _____

Has your dog ever boarded before? Yes No

Has your dog attended daycare before? Yes No

If yes, where? _____

If yes, where? _____

Does your dog get along with dogs? Yes No

Has your dog ever visited a dog park? Yes No

Is your dog housetrained?

If yes, how does your dog react when first entering the park?

Completely (No Mistakes) Makes Mistakes "Marks" Territory

What type/brand of food does your dog eat? _____

How much does your dog eat? AM _____ Noon _____ PM _____

Eating Habits *(Please check all that apply)*

Does your dog have any food allergies or restrictions?

Eats all the food in the bowl at once

Yes No If yes, please explain:

Nibbles at it throughout the day

Goes through periods without eating a meal

Sometimes changes food to regain appetite

Check the following items your dog is protective of:

Food Bowl Toys Rawhide/Bones People Other: _____

Your dog is protective of the above items towards: Other Animals Humans Both

Does your dog prefer: *(Please check all that apply)* Male Dogs Female Dogs Big Dogs Small Dogs

Under what circumstances would your dog:

Growl: _____

Snap: _____

Bite: _____

Your dog is aggressive at the: Gate Door End of a Leash

How does your dog act when on a leash? _____

Your dog is afraid of: Thunder Loud Noises Being left alone Other: _____

Does your dog have separation anxiety? Yes No

If yes, please explain what your dog does:

Is your dog destructive when left alone or confined? Yes No

If yes, please explain what they do: Scratches Soils Barks/Whines Digs Chews (What? _____)

How does your dog react to: New People/Situations: _____ Veterinarians: _____

Are there any places that your dog does not like to be touched? _____

Your dog can be described as (Check all that apply): Shy Hyper Noisy Aggressive Protective

How is your dog corrected when they misbehave? _____

What commands does your dog understand? (Check all that apply)

Sit Stay Come Off Down Paw Other _____

Please check all that apply to your dog:

- Jumps on people
- Barks Incessantly
- Eats own stool
- "Nips"/ bites when playing
- Runs away when called
- Digs
- Eats grass/dirt/foilage/etc.
- Disobeys
- Chews
- Self Mutilates

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

Does your dog take any medication other than monthly preventatives? Yes No

If yes, please list: _____

Has your dog 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.)

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: _____ Date: _____

Signature: _____

<p>Office Use Only</p> <p>Notes:</p>	<p>Initial: _____</p>
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