

sf Hound Lounge

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www.sfhoundlounge.com

SFHL Dog Daycare Pet Personality Profile

Date _____

Dog's name _____

Dog's Breed _____

Dog's Owner's Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer _____ Title _____

Address _____

Work Phone _____

Email Address _____

Emergency Contact

Name _____ Phone _____

Veterinarian

Name _____ Phone _____

Address _____ City/State/Zip _____

How did you hear about us?

Dog's Breed _____

Dog's sex _____ Neutered or Spayed? _____

Age _____ Date of Birth _____

How long have you owned dog? _____

Where did you get dog? Adopted? From where?

If adopted, do you have knowledge of his or her past history?

HEALTH

Does your dog have hip dysplasia _____ What restrictions need to be placed due to condition? _____

What other kinds of movement restrictions does he/she have?

Does your dog have any allergies? If so, explain. _____

Does your dog have any sensitive spots on his body? If so, explain.

Does your dog have a problem with fleas? _____

TRAINING

Did your dog have any formal training? _____ If yes, where? _____

Does your dog have an off/down command? _____

Does your dog have a bathroom command? _____

What other commands/tricks does your dog know? _____

Is your dog crate trained? _____ Where does he/she sleep? _____

Has your dog had formal training? If so, where and when? _____

WALKS

What kind of leash do you use when walking your dog? (Do you use a gentle leader?) _____

How does your dog react to people/dogs approaching when he/she is on a walk?

DISPOSITION

Are there any kinds of people/dogs or sounds your dog automatically fears or dislikes? (We will mind those people or things when we walk your dog, so your dog's walk will be enjoyable!)

Has your dog ever bitten a person? _____ What were the circumstances? _____

Does your dog growl at people or dogs?

How does your dog react around children?

PLAY

What kind of playing does your dog enjoy with other dogs... with people?

MISCELLANEOUS

Is this your first time raising a dog? Yes _____ No _____

If no, please explain _____

How many and what kind of other animals do you have in your home and how does your dog react to them.

What are your dog's favorite petting spots? _____

Does your dog have barrier frustration or separation anxiety? If so, explain.

Does your dog like bones? _____ What kind can or can't we give him/her? _____

May we give your dog treats for positive reinforcement? _____

OTHER INFORMATION
