

## PET PERSONALITY FORM

Pet Name:				
Breed/Desc	ription:			
Color:				
Male/Female:		Neute	red/Spayed:	
Micro-chipp	ed (If yes, plea	ase provide ID	#):	
Currently on any Medications:			Yes	No
Medication I	Name:			
Time of Day	Given:			
Reason for M	Medication:			
Does your d	og have any p	ast injuries of	r current cond	litions?
Does your d	og have any a	llergies? If yes	s, explain:	
Does your d	og have any a	ctivity restrict	ions?	
How long ha	we you had yo	our dog?		
Where did y	ou get your de	og from?		
Has your dog been in daycare before? Yes No				When:
Has your dog been boarded before? Yes No When:				
Does your d	og get along v	vith other anir	nals? Yes	No
	all that apply		_	
Licker	Chewer	Jumper	Escape Artis	t Runner
Talker	Crier	Barker	Biter	Destructive Marker
Playful	Anxious	Sissy	Cuddler	Hyper Nervous
Shy	Social Butte	rfly Coucł	n Potato	Independent
Picky	Food Hound			
Other:				

Are there any other pets in the household? Yes No If yes, what kind:
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?
If your dog is boarding with another dog from the same family, can they be kenneled together? Yes No
*If kenneled together, can the dogs eat together in the same kennel? Yes No
Can your pet have treats? Yes No
What else would you like us to know about your pet?

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