

# Dog Profile



We Love animals and want your dog to have the best time possible at Furs and Feathers Resort. No one knows your dog better than you do so we appreciate you taking the time to fill out this profile so we can get to know them like Ohana (family). The more we know about the pets in our care, the better we can accommodate their needs to ensure they have an exceptional stay with us.

## Owner Information:

Name(s): \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

In Case Of Emergency, who do we contact if you and your Veterinarian cannot be reached? \_\_\_\_\_

Does Your Emergency Contact Have Authorization to pick up/drop off your pet(s)? \_\_\_\_\_

## Veterinary Information:

Practice Name: \_\_\_\_\_ Vet's Name \_\_\_\_\_

Number: \_\_\_\_\_ Address: \_\_\_\_\_

## Pet Information:

Dog's Name \_\_\_\_\_ Primary Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Weight \_\_\_\_\_ Colors: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

How long have you had your pet for? \_\_\_\_\_

Where did you get your pet from? (Shelter, pet store etc.) \_\_\_\_\_

What knowledge do you have of your pet's past history? \_\_\_\_\_

## **Health History:**

Is your dog currently on flea/tick control and prevention medications?  Yes  No

Name of Brand(s): \_\_\_\_\_ Last date Taken: \_\_\_\_\_

Does your dog take any medications?  Yes  No

If yes, please fill out the following:

Medication Purpose: \_\_\_\_\_

Regular dosage & schedule: \_\_\_\_\_

Do you have a special way of administering? \_\_\_\_\_  
\_\_\_\_\_

Does your dog have any allergies?  Yes  No

If yes, please Explain: \_\_\_\_\_

Does your dog have any physical disabilities?  Yes  No

If yes, Please explain disability and cause: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your dog have any medical conditions or past/present injuries?  Yes  No

If yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Dog Behavior:**

Has your dog ever been boarded before?  Yes  No

If yes, how would you describe their experience? \_\_\_\_\_  
\_\_\_\_\_

Has your dog attended dog daycare before?  Yes  No

If yes, How would you describe their experience? \_\_\_\_\_  
\_\_\_\_\_

**Which of the following best describes your dog's level of socialization with other dogs?**

- None- No knowledge of other dog interaction
- Minimal- on leash encounters only or only with siblings
- Moderate- Some off-leash playtime on occasion with visitor's/Friend's Dog(s)
- Extensive- Regular visits to dog daycare, dog parks, and/or dog social events

**What commands does your dog know? (Please check all that apply)**

- Sit  Stay  Down  Come  Heel  High Five/shake  Other: \_\_\_\_\_

**Which of the following best describes the use of obedience cues with your dog at home?**

- Key part of daily communication
- Used occasionally when misbehaving
- Not applicable
- Used when we go on walks or have people over
- Rarely used

**Is your dog house Trained?**  Yes  Yes, but urinates when scared/excited  No

**Has your dog ever bitten a person?**  Yes  No

If yes, please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

**Has your dog ever bitten another dog?**  Yes  No

If yes, please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

**Please check all that describes your dog's personality:**

- Loves People  Loves dogs  Outgoing  Shy  Submissive  Playful  Reserved  Mouthy
- Loves Strangers  Affectionate  Gentle  Obedient  Protective  Stubborn  Mischievous
- Anxious  Clumsy  Laid Back  Aggressive  Attention hog

**Please check all that Describes your dog's characteristics:**

- Food/ treat aggressive  Toy aggressive  Digger  Excessive barker  Jumper  Like to Chase
- Coprophobia (eats poop)  Loves Treats  Ignores commands  Bolts when doors are open

**Which best describes your dog's overall level of exercise routine?**

- Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs.
- Mild Exerciser: Short daily walks and/or regular playtime with human or other dogs.
- Moderate Exerciser: Long or multiple walks daily and/or regular playtime with humans or other dogs.
- Athlete: Regular jogs/runs and/or regular participation in dog activities with humans or other dogs.

**Any additional comments or information about your dog that you feel might be helpful?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing below I acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge.**

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_