



Pet Care, LLC.

Dog Personality Profile

ABOUT YOU

Owner's name _____
Address _____ City _____ State ____ Zip _____
Phone (Home) _____ Work _____ Cell _____
Email address _____ Fax _____
Emergency contact name/# _____

ABOUT YOUR DOG

Pet's name _____ Breed _____ Color _____
Age/date of birth _____ Sex: M F
Is your pet spayed or neutered? _____ At what age? _____
How old was your pet when you first acquired it? _____
How long have you had your pet? _____
Where did you obtain your pet? _____

Is this pet (please check all that apply)

Allowed to run free in the home: supervised unsupervised
Allowed to run in a fenced yard: supervised unsupervised
Leash walked only
Outside unleashed but supervised
Does your pet have any recent or current medical conditions? Yes No
If yes, please describe:

Is your pet taking heartworm preventative? Yes No
Is your pet taking any other medication? Yes No
Please list: _____

Please list any flea/tick preventative products your pet is using: _____
How many elimination walks does your pet take each day? _____
What toys do you provide for your pet? _____
What is your dog's favorite toy? _____
Is your dog possessive of any toys, foods, or objects? If yes, explain: _____

If your dog had something in his mouth you did not want him to have, would he drop the object if asked or will he let you take it from him? Yes No

How often and how much is your pet fed?

What is your dog's favorite treat? _____

Questionnaire, PG.2 Owner's Name: _____ Dog's Name: _____

Has your dog ever bitten anyone? Yes No If yes, what circumstances:

How does your dog react when dogs approach in the home or yard?

Out in public? _____

Is your dog afraid of any types of dogs? _____

Are you afraid of any types of dogs? _____

Does your pet play off leash with other dogs? Yes No If yes, briefly describe: _____

Are there any other animals in your household? Yes No

Please list:

Species	Name	Breed	Sex	Age

How does your pet get along with these other animals? _____

What is your dog's training history? (circle all that apply)

No training Trained yourself Puppy kindergarten
 Group classes Private training lessons

Obedience titles/awards: _____

What commands does your dog know and how well?

	Always	Usually	Needs work
Name (look at you).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay/wait.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Down.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Come.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetch.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop it (Leave it).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your dog sensitive about any parts of his body? (i.e. tail touched, paws touched, etc) _____

Are there any other issues that you wish to address, or feel you should inform us of, and how much of a problem do you consider the behavior to be?

Issue	Very serious	Serious	Not serious
1. _____			
2. _____			
3. _____			

How did you hear about our services? _____

What is the main reason you have chosen doggie daycare for your dog? _____