

Pet Profile

Pet Name: _____ Birth Date/Age: _____

Gender: Male Female Altered: Yes No Too young* Breed: _____

*Note: All dogs over the age of 7 months old, or those exhibiting early onset adolescence, must be spayed or neutered.

Health History

Up-To-Date Vaccinations, please check all that apply:

Rabies Bordatella Leptospirosis DHPP/DA2PP/DHPPV/DA2PPV**

** Covers, Distemper, Adenovirus/Hepatitis, Parvovirus and Parainfluenza

Check any that have occurred in the last 6 months:

Ear Infections Eye Infections Allergies Gastritis/Bloat Heartworm

Tapeworms Canine Cough Heat Stroke Seizures Fleas/Ticks

Additional Health Concerns:

Heart Vision Hearing Skin Hip/Elbow/Knee

Surgeries (describe): _____

Regular Medications (describe): _____

Does your dog have any known allergies (include food, grooming products, other)? If so, list:

Behavior & Social Interactions

- Yes No Is your dog friendly toward children/adults?
Yes No Has your dog ever bitten a person?
Yes No Can food or toys be taken away from your dog?
Yes No Is your dog friendly toward other dogs and animals?
Yes No Has your dog ever started a fight with another dog or animal?
Yes No Has your dog ever bitten another dog or animal?
Yes No Has your dog ever been declared as dangerous?
Yes No Is your dog subject to quarantine order?
Yes No Has your dog attended daycare and/or boarding before?
Yes No Does your dog have formal training?
Yes No Does your dog go to the dog park?
Yes No Is your dog crate trained?
Yes No Can your dog escape crates or jump fences?
Yes No Is your dog prone to eating stool or foreign objects?
Yes No Does your dog readily share toys with other dogs?

Anything else we need to know about your dog(s)?: