

Client Profile Form

Owner Information

Owner's Name: _____

Address: _____ City, State, Zip: _____

Home Phone #: _____ Work/Cell Phone #: _____

Email Address _____

Others authorized to pick up your dog: _____

Emergency Contact: _____ Phone #: _____

Veterinarian Name: _____ Phone #: _____

How did you hear about us? _____

Dog Information (separate form needed for each dog in your family)

Dog's Name: _____ Male/Female _____

Breed: _____

Color/Markings: _____

Dog's Behavior Information

What kind of toys does your dog like? _____

Has your dog ever guarded any toys, food, or any other item from people or other dogs? _____

How does your dog show you he is happy? _____

How does your dog show you he is upset or scared? _____

Is your dog afraid of any noises etc. and what is his reaction? _____

If he is afraid of thunder, has he been prescribed sedatives? _____

Has your dog had any formal obedience training? _____

What commands does your dog respond to (i.e. sit, stay come etc.)? _____

How does your dog respond to being led by the collar? _____

Where does your dog stay when you are not home (i.e. crate, kitchen whole house etc.)? _____

Client Profile Form Cont.

Dog's Social Skill Information

How long have you had your dog? _____ How old is your dog? _____

Where did you get your dog? _____

What do you do with your dog to socialize him? How often? _____

What does your dog do when meeting new dogs and people? (i.e. cower, jump, play bow, hide?) _____

Is the behavior different on or off leash? _____

Has your dog ever snarled at someone he knew? _____

Bitten someone he knew of did not know? _____

Bitten another dog (not play biting) or been bitten by another dog? _____

Does your dog scale walls/jump fences, escape/sneak through doors, etc? _____

Has your dog been to daycare before? _____

Does your dog socialize with other dogs (i.e. other dogs at home, visitor's dogs, dog parks, playgroups)?

If so, how many dogs played together at one time? _____

How does he play with other dogs (i.e. barks a lot, is submissive, pulls on collars etc.)? _____

What are his favorite games with dogs (i.e. chase, get another dog to chase him, steal toys, wrestle, run, etc.)?

Dog's Love and Care Information

What are your dog's favorite spots for petting? _____

Are there any sensitive areas on your dog that should not be touched? _____

How often is your dog brushed? _____ Is it a happy experience for him? _____

Client Profile Form Cont.

Dog's Physical Information

What allergies does your dog have, if any? _____

Is your dog currently taking any medication or vitamins? _____

Has your dog had any communicable condition within the last 30 days? _____

Does your dog have any physical limitations that need special attention or that may prevent certain types of play? _____

Any other health concerns or problems (i.e. operations or illnesses in the last 6 months)? _____

Is your dog neutered/spayed? _____ Does your dog have a microchip ID? _____

Items required before first day of daycare

Flea/Tick preventative: _____ Frequency and brand _____

Rabies-Date Given _____ Date Expired _____

DHPP-CCV (aka DHLPP, 5 in 1, 6 in 1) Date given _____ Date Expired: _____

Bordatella (aka Kennel Cough) Date Given: _____ Date Expired: _____

A copy of your dog's vaccination record showing the above items is required before your dog can attend daycare.

I authorize **emergency** care from the closest vet to be billed directly to me by the vet. _____

Owners signature _____ Date _____