

Pet Profile



Please fill-out and bring with you
to your dog's complimentary evaluation!

GENERAL INFORMATION

Owner's Name: _____ Co-Owner's Name: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Dog's Name: _____ Gender: _____ Dog's Birthdate: _____
Dog's Breed: _____ Spayed/Neutered: _____
How long have you owned your dog? _____ Where did you get your dog? _____
How did you hear about All Under One Woof!? _____

BEHAVIOR

How does your dog behave around children? _____
Names/Breeds of other animals in your household: _____
How does your dog get along with the other animals in your household? _____
Describe a typical day in your pet's life starting with where your pet is when it wakes in the morning: _____
What does your dog do when you're not at home? _____
How does your dog act when you get home at the end of the day? _____
What does your dog do to show he/she is happy? _____
What kind of toys does your dog like? _____
What games does he/she play? _____
What tricks does your dog do? _____

What commands does your pet know and how well?

<i>Sit</i>	perfect	usually OK	needs work
<i>Stay</i>	perfect	usually OK	needs work
<i>Down</i>	perfect	usually OK	needs work
<i>Come</i>	perfect	usually OK	needs work
<i>Wait</i>	perfect	usually OK	needs work
<i>Heel</i>	perfect	usually OK	needs work
<i>Fetch</i>	perfect	usually OK	needs work
<i>Drop it</i>	perfect	usually OK	needs work
<i>Other</i>	_____		

How does your dog react when...

Visitors bring their dog to your home? _____
A stranger comes into your home or yard? _____
Anyone passes outside your home or yard? _____

Has your dog ever... (if yes, please describe)

Jumped on someone? _____
Growled at someone? _____
Reacted aggressively when someone took his/her food or toys away? _____
Bitten someone? _____
Climbed or jumped over a fence? _____

Are there any kinds of people your dog automatically fears or dislikes? _____

Are there any kinds of dogs your dog automatically fears or dislikes? _____

Is your dog frightened by any noises? _____

Is your dog frightened or nervous around anything else? _____

If your dog socializes with other dogs...

How often and under what circumstances? _____

Does he/she prefer male or female dogs? _____

Does he/she prefer larger, smaller, or same size dogs? _____

How does he/she react to puppies? _____

Does he/she willingly share his/her food or toys with other dogs? _____

How does your dog react to other dogs approaching him/her when:

On Lead _____ Off Lead _____

Has your dog ever visited a dog park? Yes No Did he/she enjoy it? Yes No

Has your dog ever gone to daycare? Yes No Did he/she enjoy it? Yes No

HEALTH

What are your dog's favorite petting spots? _____

Does your dog have any sensitive areas on his/her body? _____

What flea/tick prevention program is your dog on? _____

Do any restrictions need to be placed on your dog's activities or movements (e.g. due to hip displaysia)? _____

Is your dog on a restricted diet of any type? _____

Does your dog have seizures? Yes No

If yes, explain: _____

Is your dog taking any medication? Yes No

If yes, list: _____

Anything else you would like to tell us about your pet? _____

What are your expectations of your dog's daycare with us? _____

Signature of Owner: _____ **Date:** _____

THANK YOU for taking the time to complete this questionnaire. This information will help us provide the best possible daycare experience for your pet!