

ARLINGTON, EAST MEMPHIS & WOLF RIVER PET RESORTS -- PET PROFILE

Client's Name: _____ Pet's Name _____

Pet's Nickname _____ Breed _____ Color _____

Age _____ F M Spayed/Neutered Your pet is from? Rescue Other

Has your pet ever been boarded? YES NO If yes, did this cause anxiety? YES NO

When boarding/anxious, does your pet Destructive Chewing Diarrhea Stomach Upset

Has your pet been to doggie daycare before? YES NO Off Leash Dog Parks YES NO

How does your pet react when playful, happy, excited? Run/play Jump up
 Repetitive Barking Nip at hands/feet Other: _____

Is your pet okay with visitors or strangers? YES NO

How does your pet react when scared? Hide Run Away Growl Snap/Bite
Other: _____

Has your pet ever bitten another animal/person? YES NO
If yes, what were the circumstances?: _____

My pet best plays best with:

No Dogs Big Dogs Small Dogs Older Dogs Puppies

ATTRIBUTES

- Fence Climber
- Digger
- Jumps
- Protective
- Mouthy
- Fear of loud noises

PERSONALITY

- Outgoing
- Timid
- Affectionate
- Aggressive
- Happy
- Independent

BEHAVIOR

- Will or May Bite
- Growl/Shows Teeth
- Wiggly/Smiling/Excited
- Scared Shakes
- Playful/Runner

	LIKES	DISLIKES
Grabbing Collar	<input type="radio"/>	<input type="radio"/>
Getting Hugs	<input type="radio"/>	<input type="radio"/>
Being Brushed	<input type="radio"/>	<input type="radio"/>
Being around other dogs	<input type="radio"/>	<input type="radio"/>
Being touched while sleeping	<input type="radio"/>	<input type="radio"/>
Being touched on ears	<input type="radio"/>	<input type="radio"/>
Being touched on paws/feet	<input type="radio"/>	<input type="radio"/>
Being touched on/around mouth	<input type="radio"/>	<input type="radio"/>
Being touched on bottom/tail	<input type="radio"/>	<input type="radio"/>
Having nails clipped/dremmel	<input type="radio"/>	<input type="radio"/>
Sharing toys/balls	<input type="radio"/>	<input type="radio"/>
Sharing food/treats	<input type="radio"/>	<input type="radio"/>

Please describe your pets flea/tick & heartworm/parasite preventative.

This is a requirement to attend daycare/boarding

Does your pet suffer from any of the following?

Heart Disease Respiratory Disease Seizures Diabetes Food Allergies

Any physical disabilities/restrictions? YES NO

If yes, please explain: _____

Medical or Additional Information we should know about your pet:

Photo/Social Media Release

We would love to share your babies photos while playing in daycare or boarding on Facebook, Instagram or Our Website! ☺

Owner signature to release photos