



GUEST PROFILE

Owner, First Name _____ Last _____ Date _____

Address _____

Phone Number, Home _____ Cell _____ Email _____

Would like to receive our electronic Sniff Newsletter? Y N How did you hear about us? _____

Emergency Contact _____ Telephone _____

DOG'S INFORMATION

Dog's Name _____ Birthday _____ Sex M F Altered? Y N

Breed(s) _____ Color/Markings _____ Weight _____

When and where did you get your dog? (shelter, breeder, etc) _____

If adopted, do you have any knowledge of your dog's history?

If yes, explain _____

Vet's Name and Phone _____

When is your dog due for the following vaccinations:

Rabies _____ DHPP _____ Bordatella _____

What is your current method of flea control? _____

Is your dog on monthly heartworm medication? Y N Brand _____

Has your dog been de-wormed in the past 6 months by your vet? Y N

Has your dog ever had kennel cough? Y N

Has your dog been ill in the last 30 days? Y N

If yes, explain _____

Does your dog have any medical conditions? _____

Has your dog had surgery in the past year? Y N

If yes, explain _____

Does your dog have any allergies? Y N

If yes, please list and describe symptoms _____

DIET

Type and brand of food _____

How much per feeding _____ How often _____

At feeding times, how does your dog tend to eat? Fast Slow

DIET CONT'D

Circle your dog's eating habits.

- | | |
|------------------------------------|---|
| 1. Eats all food at mealtime | 2. Nibbles throughout day |
| 3. Goes for periods without eating | 4. Requires more palatable food to be mixed in to eat |

Has your dog ever suffered from Canine Bloat? Y N

If your dog has an upset stomach, can we feed them a bland diet to settle their tummy? Y N

Can we give your dog treats? Y N

TEMPERAMENT & HISTORY

Is your dog housebroken? Y N

Has your dog ever attended daycare? Y N

Has your dog ever been boarded? Y N

If yes, describe the experience _____

How often does your dog spend time with other dogs? Never Occasionally Often

How often does your dog go to the dog park? Never Occasionally Often

Has your dog been injured at a dog park, daycare or while playing with other dogs? Y N

If yes, explain _____

What situations may cause your dog to become unfriendly (circle all that apply):

Grabbing collar / Hugging / Removing from furniture / Touching while sleeping / Bathing /
Brushing / Nail trimming / Touching ears/paws/mouth/tail / Around other dogs / Other / None

Describe if your dog displays unfriendly behavior (circle all that apply):

Will bite / May bite / Growls / Snaps / Shows teeth / Freezes / Trembles / Moves away

Has your dog ever bitten another dog? Y N

If yes, did the bite puncture/tear the skin? Y N

Has your dog ever bitten a person? Y N

If yes, did the bite puncture/tear the skin? Y N

Did your dog take a puppy or basic obedience class in its first 8-12 weeks? Y N

Has your dog taken any other form of obedience training? Y N

If yes, please describe, including the the time frame of training _____

Does your dog eat or chew on his bedding? Y N

Is your dog crate trained? Y N