

**Happy Dogs Specialty Care**

**62 Hunter’s Trace**

**Clyde, NC 28721**

**828-550-0934**

**www.HappyDogsSpecialtyCare.com**

PET GUEST INFORMATION - DOG’S PROFILE FORM

CLIENT INFORMATION:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please list those whom are authorized to pick up your dog:

1.) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinic Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check where appropriate: ฀ Male ฀ Female ฀ Spayed ฀ Neutered ฀ Unaltered Has your dog ever attended a daycare or boarding facility in the past? ฀Yes ฀No Is your dog housebroken? ฀Yes ฀No

**MEDICAL HISTORY**

Is your dog currently taking any medications? ฀ Yes ฀ No NOTE: IF YOU CHECKED YES, YOU WILL NEED TO FILL OUT AND SIGN A MEDICATION ADMINISTRATION FORM FOR EACH PET

Has your dog been ill in the last 30 days? ฀ Yes ฀ No

Is your dog displaying any symptoms such as coughing, sneezing, or upset stomach? ฀ Yes ฀ No

Does your dog have any previous or current injuries, physical problems or health concerns, including allergies? ฀ Yes ฀ No If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your dog have any physical restrictions while playing, or sensitive area on the body? ฀ Yes ฀ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If we find evidence of ticks or fleas, treatment will be provided at owner’s expense.

**PERSONALITY**

Please check all answers that describes your dog’s personality: ฀Outgoing ฀Timid ฀Affectionate ฀Reserved ฀Protective ฀Feisty ฀Friendly ฀Obedient ฀Aggressive ฀Independent ฀Playful ฀Confident ฀Submissive ฀Clingy ฀Gentle

Please check all answers that describe your dog’s attributes: ฀Biter

฀Climbs fences ฀Howls ฀Active chewer ฀Barks excessively ฀Likes to herd ฀Low activity level ฀Toy aggressive ฀Food/treat aggressive

฀Separation anxiety ฀ Coprophagia (Eats feces)

฀Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog ever bitten a person or another dog? ฀ Yes ฀ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all that apply when describing situations where your dog may become unfriendly: ฀Grabbing collar ฀Being removed from furniture

฀Meeting strangers ฀Meeting other dogs ฀Being hugged ฀Being brushed ฀ Being touched while sleeping ฀Being touched on the ears ฀Being touched on the paws ฀Being touched on the mouth ฀Being touched on the tail

฀Being touched on the lower back ฀Around women ฀Around men

฀Around children ฀Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog displayed any of the following reactions? (Please check all that apply): ฀May bite ฀Growls ฀Snaps ฀Shows teeth ฀Trembles ฀freezes ฀Moves away

Your dog plays best with: ฀ No Dogs ฀Big Dogs ฀Little Dogs ฀Older Dogs ฀Puppies

Owner is aware that accidents and rough-housing are possible during play (appropriate action will be taken in the event this should occur) and gives permission for their dog(s) to commingle with other dogs.

Signature of Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Signature of Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_