

ANIMAL CENTRAL
Doggy Daycare Pet Personality Profile

GENERAL INFORMATION:

How did you hear about Animal Central Doggy Daycare? _____

Dog's name: _____ Dog's birth date: _____ PPI #: _____

Dog's breed: _____ Sex: _____ Spayed/ Neutered? _____

Where did you get your dog? _____

If adopted; do you know any significant past history of behavior or health or circumstances of abandonment? _____

How long have you owned your dog? _____

Please list other animals in your household:

Species	Breed	Age	Sex	Spayed/ Neutered

MEDICAL:

Does your dog have any medical conditions? ___ Please list all diseases/conditions;

What comfort measures do you do? _____

Medications: *please fill out separate medications/special instructions form*

Has your pet had fleas in the past? ___ When did you last check your dog? _____

Initial _____

BEHAVIOR:

How does your pet respond to the other pets concerning: food? _____
toys? _____ bones? _____ attention? _____

Has your dog been around: adult males? ___ adult females? ___ teenagers? ___
kids 4-12 yrs.? ___ kids 0-3 yrs.? ___

Any exhibited behavior problems towards any of the above? _____

Does your dog automatically dislike any one? _____

Is your dog afraid of thunder, fireworks or other loud noises? _____ If so, how do they
react? _____

Would you describe your dog as a frightened or nervous type? _____ How do they
react when frightened or nervous? _____

How does your dog react to a stranger coming into your home or yard?

Does your dog ever bark or growl at anyone? ___ Under what circumstances?

How does your dog respond to other approaching dogs;

When on the leash? _____

When off the leash? _____

Do visitors bring dogs to your home? _____ How does your dog react? _____

Is your dog used to playing with other dogs? _____ Any kind of dog your pet
automatically dislikes? _____

Does your dog like to play with toys? ___ What kind? _____

Initial _____

How does your dog respond to having his/her; paws pulled? _____
face roughed up? _____ tail pulled? _____
_____ ears messed with? _____
someone looking your dog in the eyes &/or close contact?

Has your dog ever climbed over or jumped a fence? ____ How high? _____
explain circumstances _____
climbed out of a cage or kennel? _____ please explain _____
Has your dog ever bitten another dog? ____ a person? ____ please explain _____

Does your dog; bark for long periods of time? ____ If yes, explain _____
dig? ____ ignore commands? ____ If yes, explain _____
Does your pet know any tricks? ____ what? _____
Know any commands? _____
Are they communicated verbally &/or by hand? _____
What is the words/hand sign used for; potty? _____
play time? _____ quiet? _____
Anything else you'd like us to know about your loved one? _____

Signature _____ Date _____

Print Name _____

CA _____ Copy given to client _____