

PET PROFILE

The Pet Profile is designed to help PAWS for Dogs, LLC understand your dog's history, personality and temperament. This completed form must be turned in on/or before your dog's first day of service.

Please circle each service you are interested in:

Dog Walking

Dog Park Visits

Pet Sitting

Client Information:

Client Name:		Street Address:	
Unit/Apt #:	City:	State:	Zip Code:
Cell Phone:	Work Phone:	E-mail:	
Emergency/Alternate Contact Name:		Emergency/Alternate Contact Phone Number:	

Your Pet's Bio ~ Part 1

Pet Name:	DOB:	Sex:	Weight:	Breed:
Spayed or Neutered?	If yes, what date?			What city and state?
Vet Info. (Company and Dr.'s Name)				Veterinarian Phone:
Veterinarian Office Address:				
Vaccination Records:		<u>Date Received</u>	<u>Next Due Date</u>	
	1. Rabies	_____	_____	
	2. Bordetella	_____	_____	
	3. Distemper	_____	_____	
Anything else we should know regarding your pet's vaccinations?				
Medicine:				
Is your pet taking any medicine? (Y / N) _____				
If yes, what medicine and how often is the dosage? _____				
Does your pet have allergies to any food or medicine?(Y / N) _____				
If so, what allergies does your dog have? _____				
Feeding:				
How many cups for morning and/or evening feeding? _____ Any water mix? _____ Anything else? _____				
What pet food brand and flavor does your pet eat? _____				
Anything else you would like to mention about your pet's feeding?				
Health:				
Does your pet have any health concerns?				
Are there any restrictions for your dog?				

Your Dog's Bio ~ Part 2

Behavior:

Please circle below the statements that describe your pet's habits and then detail below any further information to pass along to PAWS for Dogs, LLC.

Digs Jumps Eats feces fears/dislikes certain people Has formal training Separation Anxiety
Fears/dislikes certain dogs Enjoys puppies Does not enjoy puppies Does not like ears and/or paws touched
Goes to the dog park exhibits fence aggression Fearful/nervous about certain noises or objects Dominant
Has a high prey drive Likes to be pet and/or brushed Bit another dog/animal Has attended dog daycare Escape artist
Has leash aggression Food aggressive Was bit and/or attacked by another dog Submissive

Using the space below, please provide PAWS for Dogs, LLC with any specific information you deem important, relating to the behaviors described above.

Playtime:

How many days a week does your pet play with other non-family pets/dogs?	0	1-2	3-4	5-7	
How many times each day does your pet(s) go for a walk, on-leash with you?	0	1	2	3	4

Training:

If your pet has received formal training, was it local? _____ Who was the trainer or company? _____
Would you recommend them to a friend?

PAWS for Dogs, LLC Feedback:

1. How did you hear about PAWS for Dogs, LLC?
2. If you are a referral from an existing PAWS for Dogs, LLC client, please tell us who recommended you?
3. If you have any other thoughts you would like to express, questions you would like answered and/or if you would like to add something that was not listed above, please use the space below to do so.