



Dog Profile

Pet-Fit Resort, Inc.

Information:

Name: (last) _____ (First) _____

Phone Numbers : (_____) (h) (_____) (c)

Email address: _____

Mailing Address: _____

Dogs Name: _____ Sex _____

Spayed _____ Neutered _____

Primary Breed: _____

Color _____ Approximate Weight _____

Dog's Birthday: _____

Has your dog lived with you for less than a month ? Yes _____ No _____

Emergency Contact: (Name) _____

(Number) _____

Veterinarian's Name, Address and Phone : _____

Diet:

Will you bring your dog's food? Yes _____ No _____

How many times a day would you like your dog fed? 1x per day / 2x per day / 3x per day

Is your dog allergic to any type of food? No _____ Yes _____ If yes, please describe the allergy and the reaction:

Medical:

Is your dog allergic to any medication? No _____ Yes _____ If yes, please list the medication(s) and describe the reaction (s):

Does your dog have any old or current injuries or health concerns? No _____ Yes _____ If yes, please explain:

Is your dog taking any medication? No _____ Yes _____ If yes, please name the medication(s) and the reason (s):

Does your dog engage in any unusual or repetitive behaviors? No _____ Yes _____ If yes, please explain:



Behavior:

Is your dog house trained? No _____ Yes _____ Paper Trained? Yes _____ No _____

Has your dog had any obedience Training? No _____ Yes _____ (mark answer) At home _____ /
Class _____ / Professional Trainer _____

Mark all answers that describe your dog's personality: Outgoing _____ / Verbally sensitive _____ /
Timid _____ / Affectionate _____ / Pushy _____

Describe your dog's activity level: Low _____ / Medium _____ / High _____

How would you describe your dog's demeanor while riding in a car? Enjoys _____ /
Dislikes _____ / Neutral _____

Does your dog defecate or vomit while riding in a car? No _____ Yes _____

Does your dog normally ride in a crate while in the car? No _____ Yes _____

At feeding times, your dog eats: Fast _____ / Slow _____

Have you ever boarded your dog before? No _____ / Yes _____ If yes, please describe your dog's
experience:

Mark all situations where your dog may become unfriendly: Grabbing collar _____ / Hugging _____
/ Removing from furniture _____ / Touching while sleeping _____ / Touching
ears _____ / paws _____ / mouth _____ / tail _____ / Around other dogs _____ / Other _____ /
None _____

Describe your dog's unfriendly behavior (Mark all that apply): Will bite _____ / May bite _____ /
Growls _____ / Snaps _____ / Shows Teeth _____ / Freezes _____ / Trembles _____ / Moves
away _____

Has your dog ever bitten a person? No _____ / Yes _____ (bite did not puncture the skin) _____ /
Yes _____ (stitches were required)? _____

Has your dog ever bitten another dog? No _____ / Yes _____ (veterinary care WASN'T
needed) _____ / Yes _____ (veterinary care WAS needed) _____
