

DOG PROFILE



This pet profile is designed to assist Canine Connection in understanding your dog's history, personality, and temperament. Please fill out one form for each dog in your family. Pet owners are responsible for providing updated information to Canine Connection.

Owner (1): _____ E-mail Address: _____

Mobile #: _____ Home Phone: _____ Office Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Owner (2): _____ E-mail Address: _____

Mobile #: _____ Home Phone: _____ Office Phone: _____

Who referred you, or how did you hear about us? _____

Emergency Contacts (other than household member): Please check the box if they have permission to pick-up.

Name: _____ Phone: _____ Alternate Pick-Up

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Hurricane Contact: This person is designated to pick-up your pet in the event of a hurricane from June 1st through November 30th. Pets who do not have an emergency pick-up may not board at Canine Connection.

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Dog Information:

Name: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Breed: _____	Weight (lbs): _____
Color: _____	Distinctive Markings: _____		
Approximate Age or Date of Birth: _____	Spayed/Neutered: <input type="checkbox"/> Yes or <input type="checkbox"/> No		

Veterinarian Information:

Vet Office Name: _____ Vet Name: _____

Office Phone: _____ Fax #: _____

Address: _____ City: _____ State: _____ Zip: _____

What type of flea prevention do you give your pet? All pets are required to take routine flea prevention while using our services.

Can your dog go up and down stairs? Yes No Why: _____

Can your dog climb or jump fences? Yes No How high: _____ What restrictions do they need because of this? _____

Your Dog's History:

How long has your dog been in your life? _____

How and where did you acquire your dog? _____

Do you have knowledge of your dogs history? _____

Has your dog been to the dog park and/or played in other larger groups of dogs? Yes No

How do they behave in this setting? _____

Has your dog ever been to daycare? Yes No How did he/she do? _____

Has your dog ever been kicked out of daycare? Yes No Why? _____

Has your dog ever boarded overnight? Yes No How did they do? _____

Has your dog ever bitten a person? Yes No Is this a re-occurring issue? _____

If "yes", what were the circumstances? _____

Has your dog ever bitten another dog? Yes No Is this a re-occurring issue? _____

If "yes", what were the circumstances? _____

Your Dogs Health:

Please list all health issues for your dog, and how these issues are handled: _____

Is your dog heartworm positive?* Yes No

Does your dog have hip dysplasia? Yes No

Does your dog have allergies? Yes No Unsure What are they? _____

Does your dog have any sensitive areas on their body? _____

Is your dog prone to hot spots? Yes No What do you use to treat this? _____

Has your dog had gastropexy (bloat prevention surgery)? Yes No

Are there any restrictions that should be placed on your dogs activity? _____

Your Dogs Behavior:

Does your dog have storm anxiety? Yes No What do you use to help this? _____

How do they react during a storm? _____

Is your dog afraid of any specific item or noise? Please explain: _____

Are there people your dog automatically fears or dislikes? _____

How does your dog react to puppies? _____

Does your dog have problems in any of the following areas:

Mouthiness** Yes No Escaping Yes No

Barking Yes No Digging Yes No

Toy Possession Yes No Eating foreign objects or feces Yes No

Food Possession Yes No Separation Anxiety Yes No

Comments: _____

*We recommend restricted activity for heartworm positive dogs, as do most veterinarians. Physical exertion can increase the rate in which heartworms can damage the heart and lungs, and may also cause a potentially fatal blood clot or further complications.

**Mouthiness refers to your pet lightly biting or chewing to get attention or communicate.

Does your dog act aggressively/negatively in any of these situations?(Please explain any "yes" answers)

On leash Yes No

When bumped by other dogs Yes No

In a kennel Yes No

When sniffed by other dogs Yes No

Through a barrier Yes No

When touched in a certain area Yes No

At doors/gates Yes No

Please specify:_____

When you reach towards their neck/collar? Yes No

Comments:_____

Is your dog a picky eater? Yes No Do they have a sensitive stomach? Yes No

Rate your dogs energy level "1" being very mellow and "10" being hyper:_____

Has your dog had any formal obedience training?_____

What word or saying to you use for "potty"?_____

Grooming Your Dog:

How does your dog react to (please be as specific as possible):

Being in the tub?_____

To water?_____

Being brushed?_____

Ear cleaning?_____

The blowdryer?_____

Clippers?_____

Nail Trims?_____

Close, elongated contact with people?_____

How is your dog on a grooming table?_____

Does your dog need to be muzzled for any grooming procedures?_____

Does your dog require sedation before grooming? Yes No What type?_____

Etc.

Is there anything else you would like to tell us about your dog that will ensure he/or she has a wonderful time with their four-legged friends at Canine Connection?

