



Guest Profile

Date: _____ Boarding Dates: _____

Owner Name: _____ Primary Contact #: _____

Owner Name: _____ Secondary Contact #: _____

Owner E-mail: _____ Owner E-mail: _____

Emergency Contact Name: _____ **Contact #:** _____

Dog's Name	Breed	Weight	Age/Birthday	Male/Female	Spayed/Neutered
				M: F:	Yes:

Current Vet: _____ **Vaccination Due Dates:** (list below)

DHLPP	Rabies	Bordetella

Medication:

Is your dog is on medication? Yes No

Type _____ Amount _____ Frequency _____ Reason _____

Type _____ Amount _____ Frequency _____ Reason _____

Type _____ Amount _____ Frequency _____ Reason _____

Does your dog need these medication(s) while visiting Paws & Pals? Yes No

Please describe: _____

Please list/describe any allergies or any recent illness/injuries: _____

Feeding Schedule:

Kibble: AM Mid PM Amount _____ Brand _____

Wet: AM Mid PM Amount _____ Brand _____

Treat(s): AM Mid PM Amount _____ Type _____

General Background:

Is your dog house broken? Yes No

Crate trained? Yes No

Is your dog well socialized with other dogs? Yes No

My dog has bitten a person or another dog? Yes No

If yes, please explain: _____

My dog is usually: shy ___ mellow ___ friendly ___ hyper ___ aggressive ___

If aggressive, please list instances and explain: _____

My dog is possessive of: _____

My dog knows the following commands: _____

My dog is learning the following commands: _____

My dog is easily scared by: _____

Other information: _____
