



798 Keller Pkwy  
Keller, TX 76248  
PH 817-337-WOOF (9663)  
FAX 817-423-7333

## Client Profile (Dog)

### Client Information

Client Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
Other Phone # \_\_\_\_\_

Vet Office \_\_\_\_\_ Phone \_\_\_\_\_  
Veterinarian Addr \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Others who can pick up your pet:  
Name \_\_\_\_\_ Name \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Pet Information (Please complete an individual profile for EACH pet)

Pets Name \_\_\_\_\_ Sex: M F DOB \_\_\_\_\_

Species/Breed \_\_\_\_\_ Color/Markings \_\_\_\_\_

Feeding Schedule (please circle): AM? Y N PM? Y N Free feed? Y N

Food Type (please circle): Dry food? Y N Can food? Y N Other:  
Brand(s) of Food:

Quantity:

Medication/Supplements? (Please circle) Y N Reason for Medication/Supplement:

Dosage Instructions:

- How long have you had your dog and where did you get your dog?
- Is your dog spayed/neutered? Y N (Male pets over 6 months old are required to be neutered).
- Is your dog on flea/tick preventative? Y N If Yes, which brand?
- Is your dog on heartworm preventative? Y N
- Is your dog house-broken? Y N
- Is your dog destructive? Y N (You will be charged for damages caused by destructive behavior.)
- Does your dog have any past or present injuries or conditions? Y N  
If yes, describe:
- Does your dog have any allergies to food or medications? Y N  
If yes, describe:



Client Name \_\_\_\_\_

Dog Name \_\_\_\_\_

## Client Profile (Dog)

8. Has your dog ever jumped or climbed a fence? Y N  
If yes, what was the height of the fence?
9. Has your dog ever been to daycare? Y N  
If yes, when, where, and how did he/she do?
10. Has your dog ever been to a dog park or social dog-event? Y N  
If yes, when, and how did he/she react to the other dogs?
11. Has your dog ever been aggressive toward another dog? Y N  
If yes, describe the situation:
12. Has your dog ever been aggressive toward a person? Y N  
Ever bitten a person? Y N  
If yes, describe the situation:
13. Does your dog guard food, bones, toys, or people? Y N
14. Are there any places your dog doesn't like to be touched? Y N  
If yes, describe:
15. Is your dog fearful of thunderstorms? Y N  
If yes, do you give your dog medication? Y N What is the medication and dosage?
16. What are the commands your dog understands?
17. Describe the social history of your dog and list any fears or anxieties:
18. How would you describe your dog's personality? Calm, Shy, High-Energy, etc.

### For Daycare Enrollment Only:

1. Which days of the week will you enroll your dog in daycare? M T W TH F