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 Barknlounge.com

## Pet Profile

### Client Information

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

Vet Office \_\_\_\_\_ Phone \_\_\_\_\_  
 Veterinarian Addr \_\_\_\_\_  
 Other Emergency Contact in case you can't be reached \_\_\_\_\_ Phone \_\_\_\_\_

Others approved to pick up your pet(s):  
 Name \_\_\_\_\_ Name \_\_\_\_\_

How did you hear about us? (Please circle) Internet search Yellowpages.com Vet Drive By  
 AT&T Phone Book Keller Phone Book "Your Community" Phone Book (Red phone book)  
 Friend Other \_\_\_\_\_

If you were referred by a friend, who may we thank? \_\_\_\_\_

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

Pet's Name \_\_\_\_\_ Sex: M F D-O-B \_\_\_\_\_  
 Breed \_\_\_\_\_ Color/Markings \_\_\_\_\_

***We feed YOUR food. This reduces stomach upset. \*\* Please label your food \*\****

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

Quantity PER FEEDING: AM \_\_\_\_\_ PM \_\_\_\_\_ or Free feed? Y N  
 Other feeding instructions:

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

Dosage Instructions (please include how you administer: ***with cheese, pill pocket, put down throat, etc.***):

1. Is your dog microchipped? Y N Microchip Brand \_\_\_\_\_ Microchip # \_\_\_\_\_
2. Does your dog have any allergies to food or medications? Y N  
 If yes, describe:
3. How long have you had your dog and where did you get your dog?
4. Is your dog spayed/neutered? Y N (Male pets over 6 months old are required to be neutered.)
5. Is your dog on flea/tick preventative? Y N (STRONGLY encouraged)
6. Is your dog on heartworm preventative? Y N (STRONGLY encouraged)
7. Is your dog house-broken? Y N
8. Where does your dog usually sleep at night?



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

## Pet Profile

9. Is your dog destructive? Y N (You may be charged for damages caused by destructive behavior)
10. Do you want your dog to have fleece bedding in their room ? Y N (You may be charged for damaged bedding)
11. Does your dog have any past or present injuries or conditions? Y N  
If yes, describe:
11. Has your dog ever dug under a fence? Y N                      Ever jumped or climbed a fence? Y N  
If yes, what was the height of the fence?
12. Has your dog ever been boarded?  
If yes, when, where, and how did he/she do?
13. Has your dog ever been to a dog park or doggie daycare? Y N  
If yes, when, where, and how did he/she react to the other dogs?
14. Has your dog ever been aggressive toward another dog? Y N  
If yes, describe the situation:
15. Has your dog ever been aggressive toward a person? Y N  
Ever bitten a person? Y N  
If yes, describe the situation:
16. Does your dog guard any of the following? (Please circle)    People    Food    Bones    Toys  
Does your dog guard these items from? (Please circle)    Other Dogs    People
17. Are there any places your dog doesn't like to be touched? Y N  
If yes, describe:
18. Is your dog fearful of thunderstorms? Y N  
If yes, do you give your dog medication? Y N    What is the medication and dosage?
19. What are the commands your dog understands?
20. Describe the social history of your dog and list any fears or anxieties:
21. How would you describe your dog's overall personality? Calm, Shy, High-Energy, Laid-back, etc.