



Phone: (916) 683-4007

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CANINE GUEST PROFILE

Owner's Name (Last, First): _____

Pet's Name: _____ Nickname: _____

Primary Breed: _____ Color: _____

Sex: Male Female Spayed Neutered

Birthday or Age: _____ How long have you had this pet? _____

This pet is from: Rescue Breeder Stray Store Other _____

Veterinarian's Name and Phone: _____

DIET

Will you bring your pet's food with you? Yes No

If no, pet's preference: Hill's Puppy Hill's Adult Maintenance Hill's Senior Maintenance

Hill's Natural Diet--(\$2/feeding additional)

Food Allergies? Yes No

If yes, please describe the allergy and the reaction: _____

MEDICAL HISTORY

Is your pet currently taking medication(s)? Yes No

If yes, please list the medications, dosage, when and how administered. _____

Medication Allergies? Yes No

If yes, please list medication(s) and reaction(s): _____

MEDICAL HISTORY (cont.)

Does your pet have any past or present injuries or health concerns? Yes No
 Heart Disease Respiratory Disease Seizures Arthritis

Please explain any of the above: _____

Are vaccinations up to date? Yes No

If yes, when and where given: _____

BEHAVIOR

Have you ever boarded your pet before? Yes No

If no, why? _____

Obedience training? None In-home Group Class Private Lessons

Is your pet house trained? Yes No

Do you have any special words or phrases that tell your pet it is time to urinate or defecate? _____

Is your pet likely to chew on items when stressed or bored? Yes No

Describe your pet's activity level: Low Medium High

Has your dog ever bitten a person? No Yes, punctured skin Yes, did NOT puncture skin

Has your dog ever bitten another dog? No Yes, veterinary care was needed
 Yes, veterinary care was NOT needed

Personality	Behavior	My pet becomes unfriendly when:
<input type="radio"/> Timid	<input type="radio"/> Will bite	<input type="radio"/> Grabbed by collar
<input type="radio"/> Affectionate	<input type="radio"/> May bite	<input type="radio"/> Hugged
<input type="radio"/> Outgoing	<input type="radio"/> Growls	<input type="radio"/> Around other dogs
<input type="radio"/> Aggressive	<input type="radio"/> Snaps	<input type="radio"/> Touched on ears
<input type="radio"/> Playful	<input type="radio"/> Shows teeth	<input type="radio"/> Touched on paws/tail
<input type="radio"/> Verbally sensitive	<input type="radio"/> Moves away	<input type="radio"/> Touched on mouth
<input type="radio"/> Afraid of men	<input type="radio"/> Freezes	<input type="radio"/> Touched while sleeping
<input type="radio"/> Protective	<input type="radio"/> Trembles	<input type="radio"/> Removed from furniture

See separate Stay Agreement for terms and conditions