



# Canine Profile

## OWNER INFORMATION

Owner's Name: \_\_\_\_\_

Email: \_\_\_\_\_



## PRIMARY INFORMATION

Dog's Name: \_\_\_\_\_ Primary Breed/s: \_\_\_\_\_

Description (color, pattern): \_\_\_\_\_ Date of Birth (estimate): \_\_\_\_\_

Is your dog spayed or neutered?

Male - Neutered

Male - Unaltered

Female - Spayed

Female - Unaltered

How long has your dog lived with you?

Please provide us with a brief summary of your dog's history, including where you got them from and any knowledge you may have about their time before living with you:

Which of the following services are you interested in for your dog? Please check all that apply.

Overnight Boarding

Grooming

Daycare

Training



## SOCIAL HISTORY

Which of these best describes your dog's level of socialization with other dogs?

None: I have rarely seen them interact with another dog.

Minimal: They have had some successful on-leash encounters.

Moderate: They have had some off leash play on occasion.

Extensive: Regular at dog parks/daycare, frequently meets new dogs.

Has your dog ever had a negative experience with another dog?

Yes

No

If 'Yes', please specify:

Which of the following best describes how your dog responds to meeting a new dog?

Scared: Watches other dog carefully, avoids contact

Shy/Nervous: Hesitant but can be encouraged

Calm: Accepts greeting in relaxed manor

Energetic: Excited to meet and play immediately

Reactive: Barking, growling, tries to lunge or bite.

How does your dog react to new additions or changes to their environment or routine?

Scared: Scared of the change, finds it difficult overcome

Shy/Nervous: Hesitant but can be encouraged

Calm: Accepts the change in relaxed manor

Energetic: Overly curious and excitable

Assertive: Can be more interested in the new thing than me, difficult to redirect

Has your dog ever been dismissed from a prior daycare and/or boarding facility?

Yes

No

If 'Yes', please specify:

What types of dogs does your dog have the most experience interacting with? (larger/smaller dogs, mellow/energetic dogs)



## HEALTH HISTORY

Please describe your dog's flea & tick prevention program:

Does your dog have any food or environmental allergies?

Yes

No

If 'Yes', please specify: \_\_\_\_\_

Does your dog have any physical disabilities or restrictions?

Yes

No

If 'Yes', please specify: \_\_\_\_\_

Are there any specific restrictions to play you would like to put into place for your dog while at our Lodge? Please check all that apply:

No Jumping

No Running

No Hard Play

No Swimming

Other: \_\_\_\_\_

Which of these best describes your dog's exercise routine?

Couch Potato: *Spends much of the day sleeping, with occasional visits to humans for pets and light play.*

Old and Mellow: *A senior pup who likes to take it slow and sleep all day.*

Mild Exerciser: *Occasional walks throughout the day. Frequently looking for extra attention from their human companions.*

Moderate Exerciser: *Frequent walks/active play throughout the day, and always ready to go for more.*

Athlete: *My dog just cannot stop. They would run all day if I let them.*



## BEHAVIOR

Does your dog have any difficulties in any of the following areas? Please check all that apply:

Mouthing

Barking

Humping

Guarding food/toys

Ignoring Commands

Biting

Digging

Jumping

Guarding humans

Playing Rough

How did your dog receive their obedience training? Please check all that apply:

Self Trained

Completed an advanced obedience course

Attended one group class

Attended a board and train program

Completed a beginner obedience course

Private home sessions

Attended multiple group classes

Other: \_\_\_\_\_

Are there any types or people or dogs that your dog automatically fears or dislikes?

Yes

No

If 'Yes', please specify: \_\_\_\_\_

Does your dog have any difficulties sharing toys or guarding certain resources such as water, food, beds, or people?

Yes

No

If 'Yes', please specify: \_\_\_\_\_

Has your dog ever bitten someone or another animal?

Yes

No

If 'Yes', please specify: \_\_\_\_\_

Has your dog ever climbed, jumped, or dug under a fence?

Yes

No

If 'Yes', please specify: \_\_\_\_\_

Does your dog have any experience spending time in a crate/kennel during down time?

Yes

No

Is it ok for our team to use a slip lead to walk/guide your dog?

Yes

No



## BOARDING QUESTIONNAIRE

### CONTACT PROTOCOL

Should we need to contact you during your pet's stay, please specify your preference below. Please check all that apply:

By Text      By Email      By Phone      At Pickup

### LIMITED APPETITE PROTOCOL

If your dog is not finishing all of their meals, please specify which of the following "belly bribes" you give us permission to use:

Chicken Broth      Purina Wet Food      Pumpkin      Peanut Butter      None  
Chicken Meal Mixers      Salmon Meal Mixers      Cheese      Plain Yogurt

### UPSET BELLY PROTOCOL

If your dog has an upset stomach while with us, please specify which of the following methods you give us permission to use:

Temporarily changing their meals: *reducing their kibble amount, supplementing with rice, and introducing yogurt/pumpkin (if selected above) to aid digestion*  
Administering an antacid  
I do not give permission for my dog's diet to be altered

### LOW FOOD PROTOCOL

If your dog happens to run out of food while with us, please specify your preferred alternative source of food:

Switch to Lodge provided Chicken & Rice kibble      Switch to Lodge provided Lamb & Rice kibble  
Switch to Lodge provided Salmon & Rice kibble      Purchase more of my own\*

Food Brand (such as Iams, Purina, Hills, Fromm etc): \_\_\_\_\_

Main Protein (chicken, beef, salmon etc): \_\_\_\_\_

Where To Purchase More: \_\_\_\_\_

*\*If you would like us to purchase more, please be aware that a \$15 per half hour of staff travel time Special Services fee will be added to your boarding total along with the cost of purchasing the food.*

### STRESS/ANXIETY PROTOCOL

If your dog is showing signs of stress/anxiety while with us, please specify which of the following methods you give us permission to use:

Placing them in a Thundershirt      Administering calming chews      None



## CONFIRMATION

Client Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_