



# 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 Hill's Science Chicken: Sensitive Skin + Stomach      Switch to Taste of the Wild: Salmon (Grain Free)  
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



## ADDITIONAL INFORMATION

Please use the space below to provide any additional information you would like us to know about your pet. You can also use this space if you did not have enough room in any previous question:



## CONFIRMATION

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

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