



Enchantment Pet Resort & Spa

Dog Day Camp Pet Personality Profile

Please print all information.

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____

Phone number where you can be reached: _____

Vet clinic _____

Emergency Contact _____

General information

Dog's Name: _____ Dog's Birth Date: _____

Breed: _____ Sex: _____ Altered: Yes / No

How long have you had your dog: _____

If adopted, do you have knowledge of your dog's past history? Explain _____

Number of people in the dog's household: ____ Does the dog get along with all people and children: _____ If no, please explain: _____

Has your dog ever been in daycare or boarding before? Yes / No If yes, how did your dog react? _____

List all other animals in your household:

Species	Breed	Sex	Age	Get along together

Dog's Behavior

Do friends bring their dogs to your home? Yes / No If yes, how does your dog react?

How does your dog react to a stranger coming into your home?

How does your dog react to other dogs when approached?

Are there any kinds of dogs or people your dog automatically fears or dislikes?

How does your dog react to puppies?

Is your dog frightened by any noises? Is your dog frightened or nervous around anything else?

What does your dog do when you are not at home?

How does your dog act when you get home at the end of the day?

Have you ever put your dog in a crate? Yes / No

How does your dog react to other dogs approaching it when you're out on a walk?

On lead: _____

Off lead: _____

How many times per week does your dog go for a walk? _____

Does your dog jump on people? Yes / No If yes, do you mind? _____

Has your dog ever growled at someone Yes / No If so, please explain: _____

Has your dog ever bitten someone? Yes / No If so, please explain _____

Has your dog every bitten another dog? Yes / No If so, please explain _____

Has your dog ever climbed or jumped over a fence? Yes / No How high was it? _____

Does your dog have any problems in the following areas? If yes, please explain:

Mouthiness _____

Destructive chewing _____

Housetraining _____

Barking _____

Digging _____

Pulling on the leash _____

Does your dog play with any toys? If yes, what kinds of toys and types of games does your dog like?

Has your dog ever growled or snapped at anyone taking food or toys away? Yes / No

Has your dog ever shared its toys with other animals? Yes / No

Does your dog play with other dogs? Yes / No If yes, what kind of dogs does your dog like to play with?

Prefers: Male / Female / Either Other characteristics: _____

What tricks does your dog know? _____

Has your dog ever had any formal obedience training? Yes / No If yes, when and where?

What commands does your dog know? _____

Other comments or information about your dog that you feel might be helpful: _____

Health and Grooming

What is the current overall health of your dog? Poor / Good / Excellent

Please describe any genetic conditions currently affecting your dog: _____

Does your dog have flea or tick problems? Yes / No

Does your dog suffer from arthritis? Yes / No If yes, what restrictions need to be placed on your dog's activities? _____

Does your dog suffer from seizures? Yes / No If yes, what restrictions need to be placed on your dog's activities? _____

Is your dog currently on any medications? Yes / No If yes, what? _____

Does your dog have any food allergies? Yes / No If yes, please explain _____

What are your dog's favorite foods and/or treats? _____

Are there any treats your dog may not have? _____

How often do you brush or comb your dog's coat? _____

How often do you trim your dog's nails: _____

Does your dog have any favorite petting spots? _____

Does your dog have any sensitive areas on its body? _____

Please list any other health issues that we should be aware of _____
