Paws Pet N' Play Dog Profile

Pet Name_____   Parent #1: Last_____, First_____

Parent #2 : Last_____, First_____

Primary Contact #_____   Secondary Contact # _____   Email_____

Pet Description: Breed:_____   Color:_____   Age:_____   Sex: M   F   Spayed/Neutered: Y   N
Pet's Birthday: _____

1. Is your dog younger than 6 months at time of 1st attendance? NO   YES
   Was your <u>adult</u> dog neutered/spayed less than 3 mos. ago?   NO   YES (ALL Doggie Daycare dogs over 8 months must be Spayed/Neutered**)**

2. Nicknames your dog responds to besides 1st name listed above : _____   **NONE**

3. Is your dog a "rescue" ? NO   YES   **How long since rescued?** _____ (*Detail resulting unique behaviors on back*)

4. Physical Health Issues - *(check any that apply with details on back):*
   Allergies? Source? _____   **Treatments?** _____
   Arthritis / Soreness   Where/When? _____   **Treatments?** _____
   Overheating / Respiration   (Chronic?)   History & Severity? _____
   Sensitivities ?   Where? _____   **Solutions?** _____

5. What behaviors by your dog frustrate you? *(check examples, give details, describe others)*

  Barking excessively
  Dominance
  Hyperactivity / over-excitement
  Leash pulling
  Marking inside
  Play biting
  Poor greeting skills
  Poor potty training skills
  Poor recall-runs away
  Separation anxiety / clinginess / guarding

6. Behavior Issues – triggers of aggressive, fearful, out of control responses *(check any that apply and add any others)*

  Being picked up
  Collar grasped
  Children
  Dogs in general or particular type
  Doorbells
  Grooming tools
  Hats/uniforms
  Leashing

  Loud vehicles & noises
  Med delivery
  Men
  Strangers
  Vacuums/mops/brooms
  Other _____

7. Fixations, Obsessions or Phobias *(check any that apply):*

  Balls/toys
  Cats/squirrels
  Digging
  Feces/rocks (ingestion)
  Food/treats
  Insects
  Protectiveness of handlers/space
s Reflections/shadows
  Storms
  Other_____

8. Please inform us of any triggers that lead to any of the following excessive behaviors:
   _____ leads to biting/scratching   _____ leads to screaming / crying out
   _____ leads to submissive urination   _____ leads to barking
   _____ leads to escape behaviors such as bolting through doors & gates , fence jumping

9. Has your dog played off-leash with dogs besides family dogs? NO   YES   Regularly? NO   YES
   If YES, rate results: BAD   OK   GREAT   *List behaviors that made you nervous:*_____

10. What command tells your dog to go to the bathroom outside?_____

11. Is your dog allowed on furniture at home? NO   YES

12. Has your dog been through: PUPPY CLASSESA   ADULT OBEDIENCE   NONE

13. How did you learn about Paws Pet N' Play? _____

14. Would you like to receive digital photos and/or video clips of your dog? NO   PHOTOS   VIDEO clips
   How would you like to receive them? TEXT only   EMAIL only   EITHER
   Where would like them sent? Phone #_____   Email Address_____

15. Emergency Contact: Name:_____   **Number:**_____   **Relation:**_____

   Preferred Veterinary Hospital: _____   **Doctor's Name:** _____   **Vet #:** _____

www.Pawspetnplay.com | 6256 Mission St, Daly City, 94014 | (650) 993-8304