

# Pet Profile



Please fill-out and bring with you  
to your dog's complimentary evaluation!

## GENERAL INFORMATION

Owner's Name: \_\_\_\_\_ Co-Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Dog's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Dog's Birthdate: \_\_\_\_\_  
Dog's Breed: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_  
How long have you owned your dog? \_\_\_\_\_ Where did you get your dog? \_\_\_\_\_  
How did you hear about All Under One Woof!? \_\_\_\_\_

## BEHAVIOR

How does your dog behave around children? \_\_\_\_\_  
Names/Breeds of other animals in your household: \_\_\_\_\_  
How does your dog get along with the other animals in your household? \_\_\_\_\_  
Describe a typical day in your pet's life starting with where your pet is when it wakes in the morning: \_\_\_\_\_  
What does your dog do when you're not at home? \_\_\_\_\_  
How does your dog act when you get home at the end of the day? \_\_\_\_\_  
What does your dog do to show he/she is happy? \_\_\_\_\_  
What kind of toys does your dog like? \_\_\_\_\_  
What games does he/she play? \_\_\_\_\_  
What tricks does your dog do? \_\_\_\_\_

### What commands does your pet know and how well?

<i>Sit</i>	perfect	usually OK	needs work
<i>Stay</i>	perfect	usually OK	needs work
<i>Down</i>	perfect	usually OK	needs work
<i>Come</i>	perfect	usually OK	needs work
<i>Wait</i>	perfect	usually OK	needs work
<i>Heel</i>	perfect	usually OK	needs work
<i>Fetch</i>	perfect	usually OK	needs work
<i>Drop it</i>	perfect	usually OK	needs work
<i>Other</i>	_____		

### How does your dog react when...

Visitors bring their dog to your home? \_\_\_\_\_  
A stranger comes into your home or yard? \_\_\_\_\_  
Anyone passes outside your home or yard? \_\_\_\_\_

### Has your dog ever... (if yes, please describe)

Jumped on someone? \_\_\_\_\_  
Growled at someone? \_\_\_\_\_  
Reacted aggressively when someone took his/her food or toys away? \_\_\_\_\_  
Bitten someone? \_\_\_\_\_  
Climbed or jumped over a fence? \_\_\_\_\_

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

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

Is your dog frightened by any noises? \_\_\_\_\_

Is your dog frightened or nervous around anything else? \_\_\_\_\_

***If your dog socializes with other dogs...***

How often and under what circumstances? \_\_\_\_\_

Does he/she prefer male or female dogs? \_\_\_\_\_

Does he/she prefer larger, smaller, or same size dogs? \_\_\_\_\_

How does he/she react to puppies? \_\_\_\_\_

Does he/she willingly share his/her food or toys with other dogs? \_\_\_\_\_

How does your dog react to other dogs approaching him/her when:

On Lead \_\_\_\_\_ Off Lead \_\_\_\_\_

Has your dog ever visited a dog park? Yes No Did he/she enjoy it? Yes No

Has your dog ever gone to daycare? Yes No Did he/she enjoy it? Yes No

**HEALTH**

What are your dog's favorite petting spots? \_\_\_\_\_

Does your dog have any sensitive areas on his/her body? \_\_\_\_\_

What flea/tick prevention program is your dog on? \_\_\_\_\_

Do any restrictions need to be placed on your dog's activities or movements (e.g. due to hip displaysia)? \_\_\_\_\_

Is your dog on a restricted diet of any type? \_\_\_\_\_

Does your dog have seizures? Yes No

If yes, explain: \_\_\_\_\_

Is your dog taking any medication? Yes No

If yes, list: \_\_\_\_\_

Anything else you would like to tell us about your pet? \_\_\_\_\_

What are your expectations of your dog's daycare with us? \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THANK YOU for taking the time to complete this questionnaire. This information will help us provide the best possible daycare experience for your pet!**