



Pet Profile

Please complete the guest profile form for you and your pet (one per pet please). It helps us understand your pet's background, personality and special needs so we can make his/her visit at Willow Lodge as safe and comfortable as possible.



Client Profile

Owner's Name _____
Address _____
City _____ State _____ Zip _____
Home () _____ Work () _____ Cell () _____
Email _____

EMERGENCY CONTACT(S):

Name _____ Number _____ Relationship _____
My Veterinarian _____
Clinic Address _____ Phone _____



Pet Profile

Pet Guest's Name _____
_____ Dog _____ Cat _____ Other _____
Primary Breed _____ Color _____
Sex: _____ Male _____ Female _____ Spayed _____ Neutered _____ Approx. Weight _____
Birthdate _____ How long have you had this pet? _____
This pet is from: _____ Rescue _____ Store _____ Breeder _____ Stray _____ Other _____
Obedience Education: _____ None _____ In-Home _____ Group Class _____ Private Lessons _____ N/A
Does your pet come when called by name? _____ Yes _____ No
Has this pet ever been boarded before? _____ Yes _____ No
Describe your pet's experience: _____

Has this pet ever been to Day Camp before? _____ Yes _____ No
Describe your pet's experience: _____



Pet Profile

Page 2



Personality Profile

Attributes

- fence climber
- jumps
- protective
- fears noise/thunder
- housebroken
- afraid of men

Personality

- outgoing
- verbally sensitive
- timid
- affectionate
- aggressive
- playful

Behavior

- will bite
- growls
- snaps
- shows teeth
- trembles
- moves away

My Pet:

- Grabbing collar
- Being around other dogs
- Being touched when asleep
- Being touched on ears
- Being touched on paws
- Being touched on tail

Likes/ Dislikes

Does your pet engage in any unusual or repetitive behaviors? Yes No

If yes, explain: _____

Has your pet ever bitten a person? Has your pet ever bitten another dog/animal?

If yes, explain: _____

Does your pet have any chewing issues when stressed or bored? Yes No

If yes, explain: _____

Additional information I would like you to know about my pet: _____



Medical Information

Has your pet ever had any surgeries? If yes, please explain and list dates: _____

Does your pet have any old or current injuries/health concerns that require special attention?

If yes, explain: _____

Does your pet suffer from: Heart Disease Respiratory Disease

Seizures Allergies Arthritis

If yes, are there any restrictions on your pet's activities or movements? _____

Is your pet using regular flea/tick preventative? Yes No

Is your pet taking any medication? Yes No

If yes, name the medication(s) and reason(s): _____

Is your pet allergic to any medications, foods or treats? Yes No

If yes, list and describe the reaction(s): _____
