



Date: _____

Pooch Personality Profile

Please complete a profile **for each dog** enrolled at Golden Paws Pet Resort & Spa . We love dogs and want your dog to love coming to see us! No one knows your dog better than you, so we'd appreciate you taking the time to fill out this profile. Complete responses assist us in providing high quality care for your dog. We require all dogs to be up to date on distemper, rabies and bordetella vaccines. There are no right or wrong answers as all dogs are unique. Please type or print clearly. If additional space is required to answer a question add an attachment sheet.

Owner Info

Name	
Address	
City, State, Zip	
Home Phone	
Cell Phone	
Cell Phone 2	
Email	

Pet Info

Name	
Breed	
Sex	
Color	
Spayed/Neutered	
Weight (lbs)	
Birth Date Month/Year	
How long owned dog	

Emergency Contact Info

Name	
Phone	
Relationship to owner	

Veterinarian Info

Name	
Phone	

1. Where did you get your dog? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Friend <input type="checkbox"/> Found As Stray <input type="checkbox"/> Other _____	If adopted, what knowledge do you have of your dogs past history?
2. Has your dog ever been boarded at a pet care center or veterinarian previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were any problems or concerns noted during or after the stay? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
3. What services are you considering using? Grooming/Lodging/Training/Doggie Daycare	
4. Please describe your dog's flea/tick control and prevention program:	
5. Please provide feeding details of your dog's diet: a. <i>type (kibble, canned, raw/natural, etc.):</i> b. <i>brand (Hills, Iams, Purina etc.):</i> c. <i>primary protein source:</i> d. <i>feeding schedule:</i>	
6. Would you like your dog to participate in group play during their stay here at Golden Paws if they have a package/playtime/daycare package? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ Dogs name: _____	

Health History

7. Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
8. Does your dog have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain disability & cause: If answered yes, what restrictions need to be placed on your dog's activities or movements? <input type="checkbox"/> No jumping <input type="checkbox"/> No running <input type="checkbox"/> No hard play <input type="checkbox"/> No contact with other dogs <input type="checkbox"/> Other (<i>Please explain</i>)
9. Does your dog have any pre-existing medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: If answered yes, and medication is used to control the condition provide name and dosage.

General Information

10. Please list all of the members in your household and their approximate ages.	
11. Are there any toys your dog <u>cannot</u> play with? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kinds?	
12. What kind of games does your dog play with people?	
13. How would you describe your dog's energy level? <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	
14. In the event that your dog is a selective eater is there anything we can add to your dog's food to entice them to eat? (parmesan cheese, hotdogs, chicken, wet dog food)	
15. How does your dog react to having his/her nails clipped?	
16. Which commands does your dog know? (please check all that apply) <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Rollover <input type="checkbox"/> Kisses <input type="checkbox"/> High Five <input type="checkbox"/> Other: _____	
17. Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	
18a. How frequently is your dog walked outside?	18b. How long are your walks normally?
19. Check the box below that best represents you dog's overall level of exercise routine: <input type="checkbox"/> Couch Potato Spends days sleeping, occasional walks and/or playtime with humans or other dogs. <input type="checkbox"/> Mild Exerciser Spends days outdoors, short daily walks and/or regular playtime with human or other dogs. <input type="checkbox"/> Moderate Exerciser Long or multiple walks daily and/or regular playtime with human or dogs. <input type="checkbox"/> Athlete Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, or Frisbee.	
20. Are there any particular types of people your dog seems to automatically fear or dislike?	
21. Is your dog frightened of or nervous around anything else? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?	

<p>23. Has your dog ever growled and or snapped at someone? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?</p>
<p>24. Has your dog ever bitten someone or another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances and how did you respond?</p>
<p>25. Has your dog ever chased or tried to chase a small animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what were the circumstances:</p>
<p>26. Has your dog ever jumped or climbed a fence and/or escaped for your home or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>27. Do you currently have any issues with your dog chewing inappropriate items or being destructive? (de-stuffing bedding, toys etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain circumstances:</p>
<p>28. Does your dog have any problems in any of the following areas? If yes, please explain: Mouthing: _____ Housetraining: _____ Barking: _____ Digging: _____ Ignoring Commands: _____</p>
<p>29. How did your dog get his/her obedience training? (please check all that apply) Attended one group class Attended more than one level of group classes (beginning and intermediate, etc.) Dog was sent to a board and train program Private sessions in home Other, please explain: _____</p>
<p>30. Which of the following best describes the use of obedience cues with your dog at home? Key part of communication Used when we go on walks or have people over Used occasionally to better control behavior Rarely used Not applicable</p>
<p>31. How does your dog get along with other household animals?</p>
<p>32. Other comments or information about your dog that you feel might be helpful?</p>

Please ONLY fill out if you want your dog to participate with other dogs in group play

33. Why are you considering Golden Paws group play for your dog? (check all that apply)

- Play with other dogs
- So not home alone; check if exhibits separation anxiety
- Exercise: Primary source *or* additional source of exercise
- Recommended by other pet professionals (trainer, vet etc.) Reason: _____
- Other: _____

34. Which of the following best describes your dog's level of socialization with other dogs:

- None – No knowledge of other dog interaction
- Minimal – On lead encounters only
- Moderate – Some off-lead playtime on occasion with visitor's/neighbor's/friend's dog(s)
- Extensive – Regular visits to dog social events, off lead dog parks, dog daycare, etc.

345a. Has your dog had any problems previously in an off-leash social environment?

- Yes No (check all that apply)
- Altercation or fight at a public dog park
- Altercation or fight with a neighbor or friend's dog
- Fearful reaction in a group of dogs
- Dismissed from a prior dog daycare or social playgroup program (complete question #34b)

35b. *Only complete if you answered yes in 34a that your dog was dismissed from a prior program.*
What reason were you given as to why your dog was dismissed?

Check each statement below that applies to the situation that resulted in your dog's dismissal.

- My dog was injured, no medical treatment required
- My dog was injured and required medical treatment
- Another dog was injured, no medical treatment required
- Another dog was injured and medical treatment required
- A person was injured, no medical treatment required
- A person was injured and required medical treatment

Please explain:

36. Do any visitors bring their dog(s) to your house? Yes No If yes, how do they get along?

37. What does your dog do to show that he/she is upset with another dog?

38. What kinds of games does your dog play with other dogs?

39. Are there any types and/or breeds of dogs that your dog seems to automatically fear or dislike?

- Yes No If yes, please describe:

40. How does your dog react to puppies?

41. How does your dog react to another dog approaching him/her in a park, at the beach or on a walk?

a. On Leash:	b. Off Leash:
<p>42. Does your dog play with other dogs? If yes, please describe size, breed & temperament of the other dogs.</p> <p>a. Male and Females <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Only males <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Only females <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>43. Has your dog ever shared his/her food or toys with another animal? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, how does your dog react to another dog approaching his/her food or toys?</p>	
<p>44. If considering doggie daycare how often do you plan to bring him/her a week? (once, twice, N/A etc.)</p>	
<p>45. How often does he/she play with other dogs? (daily, weekly, monthly, etc.)</p>	
<p>46. Has your dog ever played before with non-family member dogs?</p>	

Print Name: _____

Signature: _____

Date: _____