



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	
Additional Owner	
Address	
City, State, Zip	
Cell Phone	
ADDT'L Owner Cell #	
ADDT'L Phone #	
Email	

Pet Info

Name		Color	
Breed		Weight (lbs)	
Sex		Birth Date (Or approx. bday)	
Spayed/Neutered		How long owned dog	
Veterinarian (Name and Phone Number)			

Emergency Contact Info

Name	
Phone	
Relationship to owner	

Health History

Does your dog have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Does your dog have any disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If answered yes, please explain disability and 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>
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 Pet Info

Where did you get your dog? <input type="checkbox"/> Breeder <input type="checkbox"/> Pet Store <input type="checkbox"/> Friend <input type="checkbox"/> Animal Rescue Group <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Found As Stray <input type="checkbox"/> Other: _____	If adopted, what knowledge do you have of your dog's past history?
Has your dog even 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:	
What services are you considering using? <input type="checkbox"/> Grooming <input type="checkbox"/> Lodging <input type="checkbox"/> Training <input type="checkbox"/> Doggie Daycare	
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 Owners Initials: _____ Dog's Name: _____	
How would you describe your dog's energy level? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	
In the event that your dog is being a selective eater while lodging is there anything we can add to your dog's food to entice them to eat? (parmesan cheese, hotdogs, chicken, wet dog food)	
Does your dog have any sensitive areas on his/her body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	
Are there any particular types of people your dog seems to automatically fear or dislike?	
Is your dog frightened or nervous around anything else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

General Pet Info Cont.

Are there any toys you dog <u>cannot</u> play with? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kinds?
Has your dog ever growled or snapped at anyone how 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?
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?
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?
Has your dog ever jumped or climbed a fence and/or escaped from your home or yard? <input type="checkbox"/> Yes <input type="checkbox"/> No
What kinds of games does your dog like to play?
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:
How does your dog get along with other household animals?
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"/> Roll Over <input type="checkbox"/> Kisses <input type="checkbox"/> High Five <input type="checkbox"/> Other: _____
Does your dog have any problems in the following areas? If yes, please explain: <input type="checkbox"/> Mouthing: _____ <input type="checkbox"/> Housetraining: _____ <input type="checkbox"/> Barking: _____ <input type="checkbox"/> Digging: _____ <input type="checkbox"/> Ignoring Commands: _____
How did your dog get his/her obedience training?
What of the following best describes the use of obedience cues with your dog at home? <input type="checkbox"/> Key part of communication <input type="checkbox"/> Used when we go on walk or have people over <input type="checkbox"/> Used occasionally to better control behavior <input type="checkbox"/> Rarely used <input type="checkbox"/> Not applicable
Other Comments or Information about your dog that you feel might be helpful?

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

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 pr professionals (trainer, vet etc.) Reason: _____
- Other: _____

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-leash playtime on occasion with visitor's/neighbor's/friend's dog(s)
- Extensive – Regular visits to dog social events, off leash dog parks, dog daycare, etc.

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

- Yes No (If Yes, 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 #)

Only complete if you answered yes in ## that your dog was dismissed from a prior program.

What reason were you given as to why your dog was dismissed?

Please explain:

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

Describe your dog's playstyle when playing with other dogs:

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

- Yes No If yes, please describe:

How does your dog react to puppies?

How does your dog react to another dog approaching him/her?

a. On Leash:

b. Off Leash:

Does your dog play with other dogs? If yes, please describe the size, breed & temperaments of the other dogs

- a. Males and Females Yes No
- b. Only Males Yes No
- c. Only Females Yes No

Has your dog ever shared his/her food or toys with another animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how does your dog react to another dog approaching his/her toys?
How often does he/she play with other dogs? (daily, weekly, monthly, etc.)
Has your dog ever played before with non-family members dogs?

Print Name: _____

Signature: _____

Date: _____