



# Dog Profile

Owner's Name:		Additional Owner:	
Cellphone	Work	Other:	Add'l Owner Number:

Primary Email Address:	Other Emails Address:
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Mailing Address	What company do you work for?
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How did you here about Yuppie Dog? (Please circle)	Pet Talk Facebook Instagram	Postcard Market Event	Client Referral Drive by Other:
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Emergency Contact	Emergency Contact Phone	Emergency Contact Email
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Dog's Name	Breed
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Color:	Sex: M F Spayed/Neutered: Y N	Weight:	Date of Birth:
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Veterinarian's Name	Veterinarian's Phone:
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Veterinarian's Address:

## Behavioral Profile

Has your dog ever bitten anyone?	Yes No	If yes, please explain
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Has your dog ever bitten another dog?	Yes No	If yes, please explain
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Has your dog been to daycare?	Yes No	Are there any situations where your dog may become unfriendly? Please describe:
Has your dog ever been boarded before?	Yes No	
Does your dog play well with other dogs?	Yes No	

What is your dog's Behavior? (Mark all that apply)

<input type="checkbox"/> Low Energy	<input type="checkbox"/> Playful	<input type="checkbox"/> Slow Eater	<input type="checkbox"/> Chews Toys
<input type="checkbox"/> High Energy	<input type="checkbox"/> Escape Artist	<input type="checkbox"/> House Trained	<input type="checkbox"/> Shy
<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Eats Poop	<input type="checkbox"/> Separation Anxiety	<input type="checkbox"/> Destructive
<input type="checkbox"/> Food Aggressive	<input type="checkbox"/> Eats Rocks	<input type="checkbox"/> Jumps on People	<input type="checkbox"/> Afraid of Strangers
<input type="checkbox"/> Fearful	<input type="checkbox"/> Likes to Mount	<input type="checkbox"/> Food Allergy	<input type="checkbox"/> Protective
<input type="checkbox"/> Toy Aggressive	<input type="checkbox"/> Digger	<input type="checkbox"/> Excessive Barking	<input type="checkbox"/> Dog Aggressive



# Dog Profile - Continued

## Medical History

Has your dog been diagnosed with any of the following conditions? (Mark with an X)

<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Bloat	<input type="checkbox"/> Physical Limitations (arthritis, blind, deaf, etc.)
<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Cancer	<input type="checkbox"/> Other:
<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Seizures	<input type="checkbox"/> Skin Allergies	

If yes to any of the above, please describe/explain the situation (severity, occurrence, behaviors to look for, etc.):

Please list prescribed medication and/or supplements given:

Are your dog's vaccines up to date? \_\_\_\_ Yes \_\_\_\_ No

*\* You will be denied service if proof of vaccination is not presented before the scheduled service.*

## Feeding Profile

Is your dog on a special diet? 

Yes	No
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 If yes, please describe: (i.e. Grain-free, Low-Calorie, etc.)

How many times do you feed your dog? (Mark with an X)	1x per day			2x per day			3x per day
	AM	Noon	PM	AM	Noon	PM	
Quantity Fed: (in cups)							

### For Internal Use Only

Forward to Behavioral Specialist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved for Boarding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approved for Group Play	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Approved for Grooming	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes: