



## DOG PROFILE

Please complete the following questions to the best of your knowledge. This form and the subsequent assessment are required before your dog can stay with us. This information will help us maintain a safe and fun environment for all guests. We are concerned not only about your dog's safety and health, but also that of our other guests and our team of caretakers. Please take a few moments to tell us about yourself and your best friend. Thank you.

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### GUARDIAN INFORMATION

**Guardian Name(s):**

#1 (Primary contact): \_\_\_\_\_ #2: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Guardian #1 (Primary contact):****Guardian #2:**

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

How did you hear about us?

☐ Friend ☐ Web search ☐ Event ☐ Newspaper ☐ Television ☐ Other: \_\_\_\_\_

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### DOG INFORMATION

Name: \_\_\_\_\_

Breed or Mix: \_\_\_\_\_

Gender: F ☐ M ☐ Coat Colour/Description: \_\_\_\_\_Age: \_\_\_\_\_ Do you know your dog's birthday? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ☐ Check if approximate  
MM DD YYIs this your first dog? ☐ Yes ☐ No City dog license no.: \_\_\_\_\_

Where did you get your dog?

☐ Pet store ☐ Breeder ☐ Rescue/shelter ☐ Rehomed ☐ Found

At what age? \_\_\_\_\_

If adopted, do you have any knowledge of your dog's history? ☐ Yes ☐ No

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## MEDICAL INFORMATION

Name of Clinic/Practice: \_\_\_\_\_ City/Town: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Do you have pet insurance? ☐ Yes ☐ No Name of pet insurance plan: \_\_\_\_\_

Flea prevention program in use: ☐ Advantage ☐ Revolution ☐ Sentinel ☐ Other: \_\_\_\_\_

Titers date, if applicable: \_\_\_\_\_ For which vaccines? \_\_\_\_\_

Date of last vaccinations

Bordatella Vaccination: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Next Vaccination Due: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year Month Day Year

Rabies Vaccination: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Next Vaccination Due: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year Month Day Year

DHPP Vaccination: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Next Vaccination Due: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year Month Day Year

Spayed/Neutered? ☐ Yes ☐ No Weight: \_\_\_\_\_ lbs / kg

Is your dog currently displaying any symptoms such as coughing, sneezing, or upset stomach?

☐ No ☐ Yes

Has your dog had any of the following in the last 90 days?

☐ Conjunctivitis (eye infection) ☐ Blood in urine or stool ☐ Diarrhea ☐ Ear mites  
☐ Fleas ☐ Kennel cough ☐ Intestinal parasites ☐ Mange ☐ Vomiting

Are there any medical issues we should know about?

☐ Arthritis ☐ Seizures ☐ Allergies ☐ Diabetes ☐ Skin conditions

☐ Orthopedic conditions (e.g. hip dysplasia)

☐ Other conditions (e.g. lumps, thyroid, etc.): \_\_\_\_\_

Has your dog had any surgery in the last 180 days? ☐ No ☐ Yes

If yes, please provide details: \_\_\_\_\_

Has your dog been injured at a dog park, daycare or while playing with other dogs? ☐ Yes ☐ No

Is your dog on any oral or topical medication? No ☐ Yes ☐ for \_\_\_\_\_

Is your dog on any injectable medication? No ☐ Yes ☐ for \_\_\_\_\_

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

Any dietary restrictions? \_\_\_\_\_

What brand of food do you feed him/her? \_\_\_\_\_ ☐ Dry ☐ Wet ☐ Raw

When do you feed your dog? ☐ Free feed ☐ Breakfast ☐ Lunch ☐ Dinner

Eating habits (check all that apply)

- ☐ Eats all food at meal time ☐ Nibbles throughout day ☐ Goes for periods without eating  
☐ Requires more palatable food to be mixed in to eat

Is your dog prone to eating foreign objects? ☐ Yes ☐ No

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## GROOMING INFORMATION

Does your dog like being brushed? ☐ Yes ☐ Tolerates it ☐ No

Does your dog like being bathed? ☐ Yes ☐ Tolerates it ☐ No

How does your dog react to having his nails trimmed? \_\_\_\_\_

Does your dog visit a groomer regularly? ☐ Yes ☐ No Where? \_\_\_\_\_

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## PERSONALITY INFORMATION

How would you best describe your dog's personality? (check all that apply)

- ☐ Happy ☐ Shy ☐ Mellow ☐ Cuddly ☐ Outgoing ☐ Excitable ☐ Nervous  
☐ Active ☐ Couch potato ☐ Rambunctious ☐ Content to be around others  
☐ Slow to warm

What situations cause your dog to become stressed? (check all that apply)

- ☐ Grabbing collar ☐ Hugging ☐ Removing from furniture ☐ Meeting other dogs  
☐ Touching while sleeping ☐ Bathing ☐ Being stared at ☐ Meeting strangers

Does your dog display any unfriendly behavior? (check all that apply)

- ☐ Will bite ☐ May bite ☐ Growls ☐ Snaps ☐ Shows teeth ☐ Freezes  
☐ Trembles ☐ Moves away

Would you consider your dog to be an escape artist (jumps fences, etc.)? ☐ Yes ☐ No

How does your dog react when?

Meeting new people? \_\_\_\_\_

Greeting new dogs? \_\_\_\_\_

Hearing loud noises? \_\_\_\_\_

Does your dog's behavior depend on the size, breed or gender of other dogs? ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

Does your dog get along well with other dogs?

Big dogs ☐ Does well ☐ Does not do well ☐ Does not care

Small dogs ☐ Does well ☐ Does not do well ☐ Does not care

Older dogs ☐ Does well ☐ Does not do well ☐ Does not care

Puppies ☐ Does well ☐ Does not do well ☐ Does not care

Are there certain dogs or things that your dog automatically fears or dislikes? \_\_\_\_\_

Does your dog share his/her toys or food with other dogs? ☐ Always ☐ Sometimes ☐ Never

Does your dog ever have separation anxiety? ☐ Yes ☐ No

Has your dog ever been in a fight? ☐ Yes ☐ No

If yes, how did your dog react? \_\_\_\_\_

Was your dog been injured? ☐ Yes ☐ No

Does your dog react to other dogs while on leash? ☐ Yes ☐ No

Has your dog ever bitten another dog or person? ☐ Yes ☐ No

If yes, did bite puncture/tear the skin? ☐ Yes ☐ No

Please describe the circumstances \_\_\_\_\_

Please list any additional behavioral traits that you feel are important for us to know:

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## LIFESTYLE INFORMATION

How many adults are in the home? \_\_\_\_\_ How many children are in the home? \_\_\_\_\_

How many other animals in your home? Dogs: \_\_\_\_\_ Cats: \_\_\_\_\_ Other: \_\_\_\_\_

How would you describe the relationship between your dog and the other animals in your home?

Has your dog ever attended? ☐ Dog daycare ☐ Boarding facility

If yes, where? \_\_\_\_\_

Was it a good experience? ☐ Yes ☐ No Comments: \_\_\_\_\_

How often is your dog exercised/walked? \_\_\_\_\_ time(s) per day for \_\_\_\_\_ minutes each time

Does your dog visit an off leash park? ☐ Always ☐ Sometimes ☐ Never

Does your dog play with other dogs? ☐ Always ☐ Sometimes ☐ Never

What games do you play with your dog? \_\_\_\_\_

What does your dog do when you are not at home?

☐ Loose in home ☐ Stays in one room ☐ In crate ☐ Other: \_\_\_\_\_

Is your dog allowed on the furniture? ☐ Yes ☐ No

Where does your dog typically sleep? ☐ On his/her own bed ☐ In his/her crate

☐ On our/my bed ☐ Other: \_\_\_\_\_

Does your dog chew on his/her bedding? ☐ Yes ☐ No

Does your dog like to swim? ☐ Yes ☐ No

Does your dog have any phobias e.g. thunder, fireworks, etc.? \_\_\_\_\_

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## TRAINING INFORMATION

Has your dog attended obedience classes? ☐ No ☐ Yes

If yes, what level? ☐ Puppy ☐ Beginner ☐ Advanced

Who was the trainer? \_\_\_\_\_

What commands does he/she know and how well?

	<u>Always</u>	<u>Usually</u>	<u>Working on it</u>	Comments
Sit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Stay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Come	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Drop it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

Special words or phrases used with your dog: \_\_\_\_\_

Is your dog house trained? ☐ Yes ☐ No

Is your dog crate trained? ☐ Yes ☐ No ☐ Can escape crate

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## AUTHORIZATION FOR RELEASE OF INFORMATION

UrbanDog requires veterinarian confirmation of my dog's health status.

PLEASE FAX THE INFORMATION FOR THE DOG(S) LISTED BELOW AS SOON AS POSSIBLE TO URBANDOG.

Attn: \_\_\_\_\_ Fax: \_\_\_\_\_

### GUARDIAN/OWNER INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### PET INFORMATION:

NAME

BREED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REQUESTED INFORMATION:

1. Latest vaccinations including date administered
2. Spay/Neuter status
3. \_\_\_\_\_

I hereby request and authorize this veterinarian to release to UrbanDog the requested information and any other health related information that UrbanDog may require while my dog is in their care. I release the veterinarian and staff from any legal responsibility or liability for the release of this information.

\_\_\_\_\_  
GUARDIAN/OWNER SIGNATURE

\_\_\_\_\_  
DATE