

BOARDING GUEST PROFILE

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Simply Pawfect

Please take a few minutes to complete this Profile for your pet, **one per pet** please. It will help us understand your pet's background, personality and special needs so we can make their visit at the Paw Print Inn® as safe and as comfortable as possible. Thank you for your time and cooperation.

CLIENT PROFILE

Owner's Name _____

Address _____

City _____ State _____ Zip _____

Home _____ Work _____ Cell _____

Email _____

Emergency Contact(s): In the event of an emergency who do we contact first?

You Emergency Contact

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Others authorized to pick-up my pet _____

Veterinary Clinic of Record _____

My Veterinarian _____

Clinic Address _____ Phone _____

GUEST PROFILE

Pet Guest's Name _____ Nickname _____

Dog Cat Breed _____ Color _____

Male Neutered Female Spayed Weight _____

Birth date _____ How long have you had this pet? _____

This pet is from: Rescue Store Breeder Stray Other _____

Professional Obedience Education: None In-Home Group Classes Private Lessons

Has this pet ever been boarded before? Yes No If no, why? _____

If yes, please describe your pet's experience: _____

Has this pet ever been to day care before? Yes No If no, why? _____

If yes, please describe your pet's experience: _____

PERSONALITY PROFILE

Check all that apply:

ATTRIBUTES

- Fence jumper
- Fence climber
- Digger
- Jumps
- Protective
- Mouthy
- Paper/litter trained
- Independent

PERSONALITY

- Outgoing
- Verbally sensitive
- Timid
- Affectionate
- Pushy
- Aggressive
- Excitable
- Playful

BEHAVIOR

- Will Bite
- May bite
- Snaps
- Shows teeth
- Freezes
- Trembles
- Moves away
- Inappropriate chewing

MY PET:

- | | | |
|------------------------------|--------------------------------|-----------------------------------|
| Grabbing collar | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Getting hugs | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being brushed | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being around other dogs/cats | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being touched while sleeping | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being touched on ears | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being touched on paws | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being touched on mouth | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being touched on tail | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Having nails clipped | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being in a crate | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being around children | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |

PLAYS BEST WITH:

- No dogs
- Big dogs
- Little dogs
- Older dogs
- Younger dogs
- Puppies
- Other cats

Does your pet engage in any unusual or repetitive behaviors? Yes No If yes please explain (include examples): _____

Has your pet ever bitten a person? Yes No If yes please explain: _____

Has your pet ever bitten another pet? Yes No If yes please explain: _____

Has your pet ever growled/hissed at someone? Yes No If yes, what were the circumstances? _____

Are there any particular types of people your pet seems to fear or dislike? Yes No If yes, please explain: _____

Is your pet an escape artist? Yes No If yes, please explain: _____

Is your pet frightened of thunderstorms/loud noises? Yes No If yes, please describe what happens and how do you sooth your pet's fear: _____

Does your pet have any allergies? Yes No If yes, please describe: _____

Does your pet have any bathroom related issues or concerns? Yes No If yes, please explain: _____

Does your pet have any physical disabilities? Yes No If yes, please describe the disability and any physical restrictions you would like to have enforced: _____

Does your pet have any pre-existing medical conditions? Yes No If yes, please describe and advise of any medication used to control the condition (please include name and dosage): _____

Please provide details of your pet's diet – type (brand, kibble, canned, daily intake, etc): _____

Describe you pet's activity level: _____

Does your pet have any sensitive areas on his/her body? Yes No If yes, where? _____

Where are your pet's favorite petting spots? _____

FOR DOG OWNERS ONLY

Check one from the following; the level of socialization that best describes your dog's routine:

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

Are there any types and/or breeds of dogs your pet seems to automatically fear or dislike? Yes No If yes, please explain: _____

How does your dog react to another dog approaching it in a park or on a walk? _____

Does your dog play with other dogs? Yes No If yes, please describe size, breed and temperament of the other dogs? _____

- Male and Females
- Only Males
- Only Females

What kinds of games does your dog like to play with people? _____

What kind of games does your dog like to play with other dogs? _____

Has your pet ever growled or snapped at anyone who has taken his/her food or toys away from him/her?
 Yes No If yes, please explain: _____

ACKNOWLEDGEMENT

I certify that the above information is accurate to the best of my knowledge. I also understand that if any of the above information requires updating, I will provide an updated BOARDING GUEST PROFILE.

Owner's Signature _____ Date: _____