

# Pet Profile



Date: \_\_\_\_\_

The Pet Profile is designed to help A Dog's Day Out (ADDO) Alexandria understand your dog's history/ personality/ and temperament. This completed form must be turned-in on/ or before your dog's first day of daycare or boarding.

## Client Information

Client Name:		Street Address:	
Apt#:	City:	State:	Zip Code:
Cell Phone:	Work Phone:	E-mail:	
Alternate Contact & Phone Number:			

\* Emergency Contact details are covered on ADDO Emergency Care form.

## Your Dog's Bio - Part 1

Dog Name:	DOB:	Sex:	Weight:	Breed or Mix:
Spayed/ or Neutered?	If yes, what date?	What city & state?		
How did your dog come into your life (shelter/ breeder/ friend/ etc.) & how old?				

Vet Info (Company & Dr's Name)	Veterinarian Phone:
Veterinarian Office Address:	

## Vaccination Records

	<u>Date Received</u>	<u>Next Due Date</u>
1. Rabies	_____	_____
2. Bordetella	_____	_____
3. Distemper	_____	_____

Anything else we should know regarding your dog's vaccinations?

\* Please bring the most recent invoice from your Vet that details the vaccinations above. We can make a copy for our ADDO records.

## Medicine

Is your dog taking any medicine? \_\_\_\_\_  
 If yes, what medicine & how often is the dosage?  
 Does your dog have allergies to any food or medicine? \_\_\_\_\_  
 If so, what allergies does your dog have?

## Feeding

How many cups for AM & PM feeding? \_\_\_\_\_ Any water mix? \_\_\_\_\_ Anything else? \_\_\_\_\_  
 What pet food brand & flavor does your dog eat?  
 Anything else you would like to mention about your dog's feeding?

## Health

What is your dog's biggest health concern? \_\_\_\_\_  
 Are there any restrictions for your dog(s)? \_\_\_\_\_  
 Please circle all that your dog has experienced in recent months & then detail below critical info you want to pass along to us.  
 Seizures Surgery Sensitive Spots Infections of any kind (ear/eye/intestinal) Illness Kennel Cough Spayed/Neutered Hip Dysplasia  
 Please use the space below to detail these recent experiences in your dog's life. (There is additional space for notes on the 2nd page).

Behavior

Please circle below the statements that describe your dog's habits & then detail below any further information to pass along to ADDO.

Digs Jumps Eats feces. Fears/dislikes certain people. Has formal training. Separation Anxiety Fears/dislikes certain dogs.

Enjoys puppies. Does not enjoy puppies. Does not like ears &/or head touched. Goes to dog park. Exhibits fence aggression.

Fearful/nervous about certain noises/or objects Dominant Has a high prey drive. Likes to be pet/ brushed. Bit another dog.

Has attended dog daycare. Escape artist. Has leash aggression Food aggressive Was bit/ attacked by another dog. Submissive

Using the space below, please provide ADDO with any specific information you deem important, relating the behaviors described above.



Playtime

How many days a week does your dog play with other non-family dogs (circle one)? 0 1-2 2-3 3-4 4-5 5-7

How many times each day does your dog(s) go for a walk on-leash with you? 0 1 2 3 4+

Training

If your dog has received formal training, was it local? Who was the trainer/ or company?

Would you recommend them to a friend?

ADDO Feedback

How did you hear about A Dog's Day Out (ADDO)?

If you are a referral from an existing ADDO client, please tell us who (dog & owner if possible) recommended ADDO to you?

Which offering was most important in your decision to come to ADDO (our staff, low price, three separate daily play groups, open every day, 33% discount on multi-dog families, location of facility, our Grooming, something else)?

If you needed more space to complete your thoughts on any questions listed above, or you would like to add something not listed above, please use the space below.

*We sincerely appreciate you choosing A Dog's Day Out.*