



P e t P e r s o n a l i t y P r o f i l e

Pet Parents Last Name: _____ Pet's Name: _____

Is Pet Spayed/Neutered? _____ Yes _____ No Is your pup on heartworm preventative? _____ Yes _____ No

Flea Preventative? _____ Yes _____ No Allergies? _____ What kind? _____

Are there any restrictions that need to be placed on your pet's activities or movements? _____

How does your pup react to having his/her nails clipped? _____ Ears cleaned? _____

Does your pup have any sensitive areas on his/her body? _____

Is your pup on medication? _____ On a special diet? _____

Does your pup act afraid of any specific items or noises? _____

Are there any kind of people your pet fears or dislikes? _____

Are there any kind of dogs your pet fears or dislikes? _____

Does your pup have problems in any of the following areas:

Fear of thunder and/or lightening? _____ Persistent barking? _____

Does your pup try to jump fences? _____ *(Please note, Downtown Dog is enclosed with concertina fencing)*

Is your pup toy or food aggressive/protective? _____

Other comments about your pet which you feel might be helpful: _____

For Office Use Only

Enrollment Form _____ Enrollment Fee _____ Shots _____

Staff Screened _____ Computer Entry _____ First Day _____

NOTES: