



a pet . . . a special member of the family

DOG PROFILE

Dog's name: _____ DOB _____ Male / Female

When and where did you get your pet? _____

At what age? _____

Spayed / Neutered _____

Breed: _____ Color / Markings: _____

Shots: _____

Is your dog Micro-chipped? Yes No Chip #: _____

Registry Company: _____

Is your dog licensed with the city? Yes No License #: _____

Describe your dog:

Calm Playful Excitable Shy Protective Dominant Aggressive

Is he / she a digger?: Yes No

Has your dog ever bitten anyone? Yes No

Explain: _____

How does your dog react to other dogs?

Friendly Indifferent Aggressive Territorial but not aggressive (pulling on leash)

How does your dog react to cats?

Friendly Indifferent Aggressive

How does your dog react to birds / squirrels / other animals while being walked?

Friendly Indifferent Aggressive

How does your dog interact with children?:

Friendly Indifferent Aggressive

How does your dog react to adults?:

Friendly Indifferent Aggressive

Is there a neighbor family member your dog does not get along with?: _____

What is your dog afraid of? (list all) _____

Commands your dog knows (i.e. heel, halt, let's walk, etc.) _____

Does your dog heed when called? Yes No

Where do you keep your dog walking items? (leash, waste bags, etc.) _____



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Feeding Instructions (including treats): _____

DOG'S MEDICAL PROFILE:

Is your dog taking heartworm preventive?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your dog taking flea/tick preventive?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your dog have any allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your dog have any preexisting or current medical conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your dog taking any medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you responded "Yes" to any of the above, please describe frequency and time of last application: _____

Vaccination Records: (All dogs must be up-to-date on all vaccinations including DHLPP, Bordatella, and Rabies). Written proof is required.

Preferred Veterinarian: _____ **Ph #** _____

Address: _____

Sign

Date

It is the pet owner's responsibility and obligation to maintain PSS current on any change in the behavior or the medical condition of the pet.