

Complete a profile for each dog to be enrolled at Pet Paradise Animal Hospital and Resort. There are no right or wrong answers as all dogs are unique. Please type or print clearly. If multiple Dog Personality Profiles are being submitted, this is profile # \_\_\_\_ of \_\_\_\_.

Dog's Name:	Breed:	Today's Date:
Owner's name(s):	Dog's sex:	Dog's age:

### 1. Requirements (check the ones your dog is current)

a. Is your dog spayed or neutered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>(It's required for females older than 8 months)</b>
b. Is your dog current with the following vaccines?			
• Rabies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Distemper (DHPP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Bordetella	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Lepto (Leptospirosis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• H3N2 (K9 Influenza Virus)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Heartworm test done within the <u>last 6 months</u> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is your dog current with heartworm prevention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Negative fecal within the <u>last 6 months</u> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### 2. Profiled Dog Information

How long have you owned your dog? _____ Year(s) _____ Month(s)	
Where did you get your dog? <input type="checkbox"/> Newspaper ad <input type="checkbox"/> Breeder <input type="checkbox"/> Pet store <input type="checkbox"/> Animal shelter <input type="checkbox"/> Animal rescue group <input type="checkbox"/> Friend <input type="checkbox"/> Found as stray <input type="checkbox"/> Other _____	If adopted, what knowledge do you have of your dogs past history?
Please describe your dog's flea control and heartworm prevention program:  *Oral Flea Treatment will be <u>mandatory</u> if fleas are present on your pet. You will be charged a fee of <b>\$15.00</b> . Treatment will continue to kill fleas for up to 36 hours.    Initials _____	
Does your dog have any sensitive areas on his/her body?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, where?
Does your dog have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain?
Does your dog have any physical disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain?
If answered yes, what restrictions need to be placed on your dog's activities or movements? <input type="checkbox"/> No jumping <input type="checkbox"/> No running <input type="checkbox"/> No hard play <input type="checkbox"/> No contact with other dogs <input type="checkbox"/> Other (please explain)	
Does your dog have any pre-existing medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain?
If answered yes, and medication is used to control the condition provide name and dosage.	
Indicate from the following the overall level of exercise that best describes your dog's routine:	
<input type="checkbox"/> Couch potato	Spends the day sleeping, occasional walks and/or playtime with humans or other dogs.
<input type="checkbox"/> Mild Exerciser	Spends the day outdoors, short daily walks and/or regular playtime with humans or other dogs.
<input type="checkbox"/> Moderate Exerciser	Long or multiple walks daily and/or regular playtime with humans or dogs.
<input type="checkbox"/> Athlete	Regular jogs/runs and/or regular participation in a dog sport activity such as agility, flyball, frisbee, etc.

Dog's Name: \_\_\_\_\_

### 3. Behavior

Indicate from the following the level of dog 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 visitor's/neighbor's/friend's dog(s).

Extensive - Regular visits to dog social events, off-lead dog parks, dog daycare, etc.

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How does your dog get along with other household animals?

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Are there any breeds or type of dogs your dog seems to automatically fear or dislike?

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How does your dog react to another dog approaching him/her in a park or walk?

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Has your dog ever shared his/her food or toys with other animals?  Yes  No  
 If yes, please explain how does your dog reacts.

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Has your dog ever bitten someone?  Yes  No If yes, what were the circumstances?

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Has your dog ever growled or snapped at anyone who has taken his/her food or toys away from him/her?  Yes  No  
 If yes, what were the circumstances and how did you respond?

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Has your dog ever climbed/jumped a fence?  Yes  No If yes, what were the circumstances?

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Is your dog frightened by thunderstorm?  Yes  No If yes, describe typical behavior and what helps?

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Is your dog frightened by any other noise?  Yes  No If yes, what noise?

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Is your dog frightened of or nervous around anything else?  Yes  No If yes, please explain:

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Does your dog play with any toys?  Yes  No If yes, what kind or type of toys?

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Does your dog like to chew and/or shred toys?  Yes  No

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Does your dog know any commands? (please check all that apply)  
 Sit  Stay  Down  Come  Heel  Rollover  Kisses  High five  Other: \_\_\_\_\_

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Does your dog have a command to go to the bathroom?  Yes  No If yes, what is the command:

\_\_\_\_\_ (Initials)

I, Pet Parent, understand that Pet Paradise Animal Hospital and Resort wants to maintain a healthy and safe environment for all doggy campers. For safety, all dogs are screened to ensure that they will play nicely. Aggressive dogs cannot be admitted in our Day Camp environment. Additionally, dogs that are extremely fearful may not thrive in our open play, group setting. This environment is not right for every dog! Our Day Camp is not the appropriate setting for aggressive dogs to learn socialization. Pet Paradise Animal Hospital and Resort reserves the right to accept or deny your dog into Day Camp upon our evaluation.

\_\_\_\_\_  
 Owner's Name (Signature)

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

\_\_\_\_\_  
 Day Care Counselor

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

Dog's Name: \_\_\_\_\_