

Owner/Pet Profile



OWNER INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Number: _____
Email: _____

EMERGENCY CONTACT

Name: _____
Phone: _____

Home Number: _____

PET INFORMATION

My pet is a: Dog Cat Bird Other Male Female
Pet Name: _____ Breed: _____ Neutered Spayed
Color: _____ Age: _____ yrs _____ months Birthdate (If known): _____
My pet is from a: Breeder Store Rescue Stray Other

MEDICAL INFORMATION

Does your pet have allergies? Yes No
If yes, please explain _____
Does your pet have any old or current injuries or health concerns?
If yes, please explain _____
Is your pet taking any medication(s)? Yes No
Please list medication(s) and reason: _____
Are there restrictions on your pet's movements? Yes No
If yes, please explain: _____
Does your pet suffer from: Diabetes Heart Disease Seizures Arthritis

PET BEHAVIOIR

Has your pet boarded before? Yes No
If yes, please describe experience: _____
Has your pet had obedience training? Yes No In-Home Group Class Private Training
Is your pet housetrained? Yes No
Has your pet ever bitten a person? Yes No
If yes, please explain: _____
Has your pet ever bitten another dog? Yes No
If yes, please explain: _____
Is your pet crate trained? Yes No
Check all that describe your pet's personality:
 Outgoing Verbally Sensitive Pushy Reserved Aggressive Playful Affectionate
 Afraid of Men Fence Jumper Excitable Protective Chewer Mouthy

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PET BEHAVOIR (Cont.):

Describe your pet's activity level: Low Medium High

Check all that describe situations where your pet may become unfriendly:

Grabbing Collar Petting Touching Paws Touching Ears Touching Tail

Around other dogs Touching while sleeping Other _____

Check all answers that apply if your pet has unfriendly behavior:

Will bite May bite Growls Snaps Freezes Trembles Backs away

Does your pet engage in any unusual repetitive behaviors? Yes No

If yes, please explain: _____

Any additional information you would like to share about your pet?
