



**Pewaukee
Veterinary Service**

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www.pewaukeeveterinaryservice.com

Dog Day Care and Pet Boarding Guest Profile

Client Information

Owner/Pet Parent Name:

Last name _____ First name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Ext. _____

Cell phone _____

EmailAddress _____

Note: Pewaukee Veterinary Service & will not sell, release, or distribute any e-mail addresses.

Owner/Pet Parent Name:

Last name _____ First name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Ext. _____

Cell phone _____

Email Address _____

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My Veterinarian: Dr. _____

Veterinary Hospital of Record _____

Address _____ Phone Number _____

Alternate Emergency Contact(s) ~ (other than the client/pet parents):

Emergency contact last name _____ First name _____

Emergency contact phone numbers:

Home Phone _____

Work Phone _____ Cell Phone _____

Please list the name (s) of those you authorize to drop-off and/or pick-up your pet from dog day care or boarding – please note: we will only release your pet to the names you have listed below:

How did you hear about us? _____

I am interested in: **Dog Day Care** **Boarding** **Both**

Pet Guest Information

Pet Guest:

Pet Guest's Name _____ Nickname(s) _____

Dog Cat Primary Breed _____ Color _____

Sex: Male Female Spayed Neutered Approximate Weight _____

your dog must be spayed or neutered to participate in dog day care

Birthdate _____ How long have you had this pet? _____

This pet is from: Breeder Rescue Stray Store Other _____

Professional Training/Obedience/Education:

In-Home Private Lessons Group/Class None

Any specific concerns you have? _____

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Pet Guest:

Pet Guest's Name _____ Nickname(s) _____

Dog Cat Primary Breed _____ Color _____

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Birthdate _____ How long have you had this pet? _____

This pet is from: Breeder Rescue Stray Store Other _____

Professional Training/Obedience/Education:

In-Home Private Lessons Group/Class None

Has your pet(s) ever been boarded before? Yes No

How was the experience? Any specific concerns you have?

Has your dog(s) ever attended dog daycare before? Yes No

How was the experience?

Has your dog(s) ever been to the dog park? Yes No

How was the experience?

Is your dog(s) licensed? Yes No Dog license number _____

Medical Information:

Does your pet have a current injury, health issue or medical condition? If yes, please explain:

Does your pet have any health concern that requires special attention? If yes, please explain:

Has your pet ever had any surgeries? If yes, please explain? _____

Is your pet taking any medications? If yes, please name the medications and the reason: _____

Does your pet have any restrictions on their activities or movements (i.e. due to hip dysplasia, sx, etc.)? If yes, please explain what they are: _____

Is your pet on blood parasite/heartworm preventative? Yes No

Is your pet on flea/tick preventative? Yes No

Is your pet allergic to any medications, foods, or treats? ? Yes No
(we may use treats for positive reinforcement as needed)

If yes, please explain the allergies and reactions: _____

Pet Guest Preferences

Diet & Eating Habits:

What food(s) are you feeding your pet? _____

Dry Canned How much do you feed at each meal ? _____

How Often? Once a day Twice a day Three Times a day

Where does your pet typically sleep? Pet bed Floor Crate Furniture Other

Has your pet been eating, drinking, urinating, defecating as normal over this past week?

Yes No, Please explain: _____

Has your pet been acting normally over this past week? Yes No, Please explain: _____

 **Pet Guest Personality** 

Total number of people in your household _____ Adult Males _____ Adult Females _____

Number of children _____ Ages: _____ Does your dog like children? Yes No

Are there other animals in your household? If yes, please describe: _____

Has your pet played with big dogs? Yes No In own household or in another setting? _____

Has your pet played with little dogs? Yes No In own household or in another setting? _____

Has your pet played with multiple dogs? Yes No In own household or in another setting? _____

Has your pet ever bitten another dog? Yes No If Yes, what were the circumstances?

Has your pet ever bitten another person? Yes No If Yes, what were the circumstances?

Has your pet ever growled or snapped? Yes No If yes, what were the circumstances?



Pet Guest Personality



Any repetitive or unusual behaviors you observe with your pet? Yes No

Please explain: _____

Does your dog act differently depending on where they are at i.e at home, out for a walk, at a dog park etc? _____

Has your pet ever been crated? Yes No If Yes, how does your pet respond/react to being crated?

My Pet(s):

- | <u>Enjoys</u> | <u>Doesn't Like</u> | |
|-----------------------|-----------------------|------------------------------|
| <input type="radio"/> | <input type="radio"/> | Having ears touched |
| <input type="radio"/> | <input type="radio"/> | Having paws touched |
| <input type="radio"/> | <input type="radio"/> | Having tail touched |
| <input type="radio"/> | <input type="radio"/> | Having mouth touched |
| <input type="radio"/> | <input type="radio"/> | Having nails trimmed |
| <input type="radio"/> | <input type="radio"/> | Being touched while sleeping |
| <input type="radio"/> | <input type="radio"/> | Being by other cats/dogs |
| <input type="radio"/> | <input type="radio"/> | Being brushed |
| <input type="radio"/> | <input type="radio"/> | Being hugged or petted |
| <input type="radio"/> | <input type="radio"/> | Grabbing/holding collar |

Any other information about your pet's likes & dislikes you feel is important for us to know?

Personality Is

- Playful/Outgoing
- Timid/Shy
- Assertive/Pushy
- Independent
- Verbally sensitive
- Affectionate
- Excitable
- Aggressive

Tends To

- Afraid of thunder/noises
- House broken/potty trained
- Litter/paper trained
- Protective
- Mouthy
- Afraid of men or women
- A digger
- A fence climber
- A jumper
- Toy/food possessive
- Separation anxiety
- Chew – a lot!

Behaves

- Perfectly ☺
- Shakes or trembles
- Walks or moves away
- Growls
- Snaps
- Shows teeth
- May bite
- Will bite

  **Pet Guest Personality**  

My Pet knows these commands as verbal cues:

- Sit
- Down
- Stay
- Come/Here/Front
- Off
- OK
- Go Potty
- Leave It
- Easy/Settle/Relax
- Inside /Outside
- Quiet

Do you reward your pet after you give these commands? If so, what do you use as a reward?

When your dog has to go to the bathroom he/she will :

- Bark Whine Sit by the door Pace back & forth Other _____

How does your dog behave if he/she should become stressed? _____

Are you able to remove toys or items from your dog's mouth? Yes No

What is your dog's favorite toy to play with? _____

Additional information you would like us to know about your pet(s): _____

Please Note:

Our receipt of all pet guest profiles is required prior to dog day care and/or boarding reservation check-in. Please mail, fax or better yet stop in and give your profile to us in person! Tours always welcome.

Look for our on-line guest profiles and e-mail delivery options in the future. 😊