



5303 West Interurban Blvd., Bothell, WA 98012  
Phone: (425) 482-4472 Fax: (425) 482-9410

# PET PROFILE

Please PRINT clearly

How did you hear about us? \_\_\_\_\_

Dog's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  M  F

Breed \_\_\_\_\_ Spayed/Neutered?  Y  N

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Additional Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address(es) \_\_\_\_\_

EMERGENCY CONTACT (other than self) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Vet or Clinic Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_ How long have you had your dog? \_\_\_\_\_

Is your dog on a flea program?  Y  N If yes, which flea treatment? \_\_\_\_\_

Please indicate your dog's... (check all boxes that apply)

Energy Level:  High  Medium  Low  Other \_\_\_\_\_

Activity Level at Home:  Couch Potato  Mild Exerciser  Moderate Exerciser  Athlete

Temperament:  Laid back  Playful  Excitable  Shy  Dominant  Aggressive  
 Other \_\_\_\_\_

Socialization Experience:  Extensive  Moderate  Minimal  None

When alone, does your dog tend to:  Chew  Dig  Bark  Cry/Howl  Other \_\_\_\_\_

Has your dog completed any training?  Y  N If yes, when/where? \_\_\_\_\_

Has your dog ever bitten another animal or person?  Y  N If yes, please describe the incident(s) \_\_\_\_\_

Has your dog attended a dog daycare, boarding facility, or off-leash park?  Y  N

If yes, were there any problems with other dogs or people?  Y  N If yes, please describe \_\_\_\_\_

How often do you brush/comb your dog? \_\_\_\_\_ Does your dog enjoy it?  Y  N

How does your dog react to nail clipping? \_\_\_\_\_

Describe your dog's diet (dry/soft food, treats, add-ins) \_\_\_\_\_

Does your dog have ANY allergies (i.e. food, skin, seasonal, etc.)? \_\_\_\_\_

Please provide any additional information you feel necessary to ensure the well-being of your dog and others \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I/we certify that all the information above is true and accurate and ALL owners are listed above and have signed below. I/we have read and agree to all the terms and conditions and release of liability set forth by Doggy Haven Resort..*

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_