

Pet Profile

Owner Name:(Last)_____ (First) _____

Phone Numbers: (Home)_____ (Cell)_____ (work)_____

Mailing Address:_____

Email Address: _____

Dog's Name: _____ Sex F M Spayed/Neutered Yes No

Primary Breed: _____ Color: _____ Weight: _____

Age: _____ **Can your dog jump a 6' fence?** Yes No

DIET:

Uppity Pup prefers that owners bring their dog's own food in order to prevent intestinal distress caused by a sudden change in diet. There is no charge for Uppity Pup to feed your dog food that you provide. If you choose to have Uppity Pup feed your dog, the charge is \$1.00 per meal, \$2.00 for meals of 2 cups or more.

_____ I will provide my dog's food.

_____ I request that Uppity Pup feed my dog the following food: _____ Diamond Brand Chicken Dog Food

How many times a day would you like to have your dog fed? 1x 2x

Amount of food given? 1 bag ¼c ½c ¾c 1c 1¼c 1½c 1¾c 2c Free Feed Other _____

MEDICAL:

Are your dogs' vaccinations current, including bordetella (kennel cough)? Yes No

Does your dog have allergies to any foods, medicines or other allergies? Yes No

If yes, please describe the allergy and the reaction:

Does your dog have any old or current injuries or health concerns? Yes No

If yes, please explain:

Does your dog take any medications or supplements? Yes No

If yes, please provide medication, dosage and reason:

Does your dog engage in any unusual or repetitive behaviors? Yes No

If yes, please explain:

PERSONALITY:

How would you describe your dog's personality? (circle all that apply) Outgoing / Timid / Affectionate / Reserved /

Independent / Submissive / Verbally Sensitive / Excitable / Clingy / Pushy / Mouthy / Gentle /

Other _____

Describe your dog's activity level: Low / Medium / High

Have you ever boarded your dog before? Yes No

Is there anything about other boarding experiences that will help us serve your dog better?

Circle all situations where your dog may become aggressive: reaching towards him / touching ears / touching paws /

touching mouth / touching tail / around other dogs /

other _____

Describe your dog's aggressive behaviors (circle all that apply): will bite / may bite / growls / snaps / shows teeth /

freezes / trembles / moves away / other _____

Has your dog ever bitten a person? No / Yes, but bite didn't puncture skin / Yes and bite punctured skin

Has your dog ever bitten another dog? No / Yes, but bite didn't require medical care / Yes and bite required medical care

Is your dog afraid of thunder or any other noise? _____

YOUR SIGNATURE BELOW INDICATES you have made full disclosure and you acknowledge the risks of communal boarding.

Owner's Signature _____ Date _____