

## Personality Information

Please Fill out a Form for every Pet! All guests Please Fill Out Your Information Below With your Guardians Assistance so We can Better Care for you and Your Every Need!

Name \_\_\_\_\_ Breed \_\_\_\_\_ Species \_\_\_\_\_  
Birthday \_\_\_\_\_ Color \_\_\_\_\_ Special Markings \_\_\_\_\_  
Male/Female Altered? Yes/ No If Yes, date of Surgery? \_\_\_\_\_ Micro-chipped? Yes/ No ID# \_\_\_\_\_  
Where did you come From? Shelter Breeder Rescue Where? \_\_\_\_\_ Other \_\_\_\_\_  
How Long Have you been with your Family? \_\_\_\_\_

### PLEASE CIRCLE ALL THAT APPLY

**Are You A?....** Chewer Licker Jumper *Escape Artist* Talker Barker Runner Puller Screamer Crier  
Mouthy Nervous Nelly Digger Beggar Shaker Best with People Party Animal Social Butterfly  
Scratcher *Biter* Shy Playful Outgoing Lover Marker Anxious Fear Biter Destructive Sissy *Bully*  
Drama Queen Always Has an Opinion Teachers Pet Couch Potato Hyper Cuddle Bug Independent

Needs to seek Therapy *Finicky Eater* Always Ready to Eat Picky *Inhales Every Meal* Other \_\_\_\_\_

Can you Jump a Six Foot Fence? Yes No Not Sure If ever, How High? \_\_\_\_\_

What Percentage do you spend your Day?

Indoors \_\_\_\_\_% Outdoors \_\_\_\_\_% And How many hours do you? Sleep \_\_\_\_\_ Exercise \_\_\_\_\_ With Your People \_\_\_\_\_

Where do you Sleep? Crate Sofa My Humans Bed My Own Bed Dog House Other \_\_\_\_\_

What is your Daily Routine? \_\_\_\_\_

Have You ever been on Vacation Before ( Boarding ) and where? \_\_\_\_\_

How was your Experience? \_\_\_\_\_

What about Daycare? \_\_\_\_\_ Where? \_\_\_\_\_

How was your Experience? \_\_\_\_\_

Do you play well with others? Yes No Not Sure How do you Play? \_\_\_\_\_

What do you ABSOLUTELY Love? \_\_\_\_\_

Your Favorite Foods? \_\_\_\_\_

Do you like going for Rides in the Car? \_\_\_\_\_

Do you know any Tricks or Commands? \_\_\_\_\_

Do you know how to Swim? Yes No Not Sure If so Where? Pool Lagoon Ocean Lake Other \_\_\_\_\_

Do you Get along with the opposite Species? Yes No Not Sure If yes, \_\_\_\_\_

Is there any Person, Breed, Size of Animal, Shape, Sex, Etc.....You're not comfortable with? \_\_\_\_\_

If So, What do you Do? \_\_\_\_\_

Do you Have any Dislikes? \_\_\_\_\_

Have You ever Bitten a Person or another animal Before? Yes No If Yes, what happened? \_\_\_\_\_

Are you Aggressive or Possessive with (please circle) Your House Yard Bed Food Toys Car Family Other \_\_\_\_\_

If so what do you do? \_\_\_\_\_

Is there anything else we should know about you? \_\_\_\_\_

