

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 Intact Spayed/Neutered-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? _____

How many hours do you? Sleep _____ Exercise _____ With Your People _____
Where do you sleep? (please circle) 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? _____

What are 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? (please circle) Pool Lagoon Ocean Lake

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? _____

