

# FUR LIFE K-9 ACADEMY DOG PROFILE

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## OWNER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## VETERINARIAN

Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

## PET GUEST INFORMATION

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Gender: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

## MEDICAL INFORMATION

Is your dog currently on a flea and tick preventative medication? (Required for all guests)  
\_\_\_\_ Yes \_\_\_\_ No Name of brand used: \_\_\_\_\_ Date it was last given: \_\_\_\_\_

Does your dog have allergies? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

Does your dog take any medications? \_\_\_\_ Yes \_\_\_\_ No  
If yes, Please list any medication(s) and reason:  
\_\_\_\_\_

Has your dog been ill in the last 30 days? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please describe: \_\_\_\_\_

Is your dog showing any symptoms such as coughing, sneezing or upset stomach?  
\_\_\_\_ Yes \_\_\_\_ No If yes, what symptoms:  
\_\_\_\_\_

Are there any restrictions on your dog's movements? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

Does your dog suffer from:  Diabetes  Heart Disease  Seizures  Arthritis

### **DOG BEHAVIOR**

Has your dog ever attended daycare or been boarded before?  Yes  No

If yes, please describe the experience: \_\_\_\_\_

Has your dog ever been to a dog park before?  Yes  No

If yes, please describe the experience: \_\_\_\_\_

Does your dog have a basic understanding of commands (sit, stay, down, etc.)?  Yes  No

Is your dog house trained?  Yes  No

Is your dog crate trained?  Yes  No

Has your dog ever bitten a person?  Yes  No

If yes, please explain: \_\_\_\_\_

Has your dog ever bitten another dog?  Yes  No

If yes, please explain: \_\_\_\_\_

Please circle all answers that describe your dog's personality:

Outgoing Verbally Sensitive Playful Submissive Pushy Reserved  
Mouthy Aggressive Excitable Protective Affectionate Chewer  
Confident Clingy Gentle Feisty

Please circle all answers that describe your dog's attributes:

Jumper Biter Digger Fence Climber Fears Noises Likes to herd  
Barks excessively Howls Toy aggressive Food/Treat aggressive  
Excessive marking Separation Anxiety Excessive Mouthing  
Coprophagia (eats feces)

Please circle all that describe situations where your dog may become unfriendly:

Grabbing Collar Petting Touching Paws Touching Ears Touching Tail  
Touching while Sleeping Around other Dogs Meeting Strangers  
Being Hugged Being Brushed Around Women Around Men  
Around Children Other \_\_\_\_\_

Please circle all that apply:

Will Bite   May Bite   Growls   Snaps   Shows Teeth   Trembles   Freezes   Backs Away

Please Explain: \_\_\_\_\_

Please circle all that apply:

Will Bite   May Bite   Growls   Snaps   Shows Teeth  
Trembles   Freezes   Backs Away

Please Explain: \_\_\_\_\_

Describe your dog's activity level: \_\_\_ Low \_\_\_ Medium \_\_\_ High

Does your dog engage in any unusual repetitive behavior? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Who does your dog tend to play best with (please circle all that apply):

No Dogs   Puppies   Small Dogs   Big Dogs   Older Dogs

Is there any additional information you would like to share about your dog? \_\_\_\_\_

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

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

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_