

115 Cathay Road Wilmington, NC 28412 (910) 547-1568

Owner/ Pet Profile

*Please fill out one form per pet

	Full Name				
u	Address				
Owner Information					
Owner ormati	E-mail				
O	Home Phone				
In	Cell Phone				
N	Full Name				
enc	Relationship				
nta	Home Phone				
Emergency Contacts	Cell Phone				
	Full Name				
Vet Info	Address				
	Phone				
		PET			
Name		Breed			
Weight		Birth Date			
Color		Is your dog crate trained? $Y \square N \square$			
Sex M		Is dog spayed or neutered? $Y \square N \square$			
How did yo	u hear about The	Dog House?			
	ere does your dog sleep at night?				
Date you ac	· · · · · ·				
Where did y	ou get your dog	,			
If adopted, o	do vou have anv	knowledge of your dog's past history? Y \Box N \Box			
- '					
, I	r				
Are there ot	her animals in vo	ur household? Y \Box N \Box			
	•	nal, sex and age of each:			
How does your dog get along with other household animals?					

Does your dog have any allergies? Y \Box N \Box List_____ Does your dog have hip dysplasia? Y \Box N \Box If so, what restrictions need to be placed on your dog's activities or movement?

Does your dog act afraid of any specific items or noises? If so, please explain:
How does your dog react to strangers coming into your home or yard?
Does your dog ever bark or growl at anyone passing outside your home or yard? $Y \square N \square$ Are there any types of people your dog automatically fears or dislikes?
Are there any types of dogs your dog automatically fears or dislikes?
How does your dog react to puppies?
Has your dog ever: Growled at someone? Y □ N □ What were the circumstances?
Bitten someone? Y N N What were the circumstances? Does your dog have any problem in any of the following areas? If so, please explain.
BarkingYNHousetrainingYNDiggingYN
Digging I I Jumping Y N Other Y N
Has your dog ever jumped a fence? $Y \Box N \Box$ If yes, what kind and how high was it?
Has your dog ever growled or snapped at anyone who has taken food or toys away? Y \square N \square If so, please explain,
Has your dog ever shared his/her food or toys with other animals? $Y \Box N \Box$
Does your dog play with other dogs? $Y \Box N \Box$
Has your dog ever had any formal obedience training? $Y \square N \square$ If so, when and where?

What commands does your dog know_____

What are your dog's bathroom comman	ds?
	our dog which you feel might be helpful.
Please list any medications your dog tak cheese, put down their throat, etc)	es and how they take them (in their food, wrapped in
F	TEEDING
What is your dog's feeding schedule:	Morning Afternoon Evening
How much food?	
What brand of food?	
Is your dog allowed to have treats?	
Any dietary restrictions?	