



Prairie Pawz LLC  
2448 Brooks Dr.  
Sun Prairie, WI 53590  
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## DOG PROFILE FORM

### CLIENT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact:

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

### Please list those whom are authorized to pick up your dog:

1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Veterinarian:

Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## PET GUEST INFORMATION

**Name of Dog:** \_\_\_\_\_ **Breed or Mix (Primary Two):** \_\_\_\_\_  
**Weight:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Age/Birthday:** \_\_\_\_\_

**Check where appropriate:**

Male  Female  Spayed  Neutered  Unaltered

Has your dog ever attended a daycare or boarding facility in the past?

No  Yes \_\_\_\_\_

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

Does your dog have a basic understanding of commands (sit, stay, down, etc.)?

No  Yes

Any other commands that would be helpful? \_\_\_\_\_

Does your dog know any tricks?  No  Yes

Is your dog housebroken?  No  Yes  Paper/Pad Trained

Is your dog crate trained?  No  Yes

**Type of dog food, amount, and feeding instructions:** \_\_\_\_\_

**Is your dog allowed to have treats?**  No  Yes

## MEDICAL HISTORY

Is your dog currently taking any medications?  No  Yes

**NOTE: IF YOU CHECKED YES, YOU WILL NEED TO FILL OUT AND SIGN A MEDICATION ADMINISTRATION FORM FOR EACH PET**

Has your dog been ill in the last 30 days?  No  Yes \_\_\_\_\_

Does your dog have any physical disabilities?  No  Yes \_\_\_\_\_

Is your dog displaying any symptoms such as coughing, sneezing, or upset stomach?  No  Yes \_\_\_\_\_

Does your dog have any previous or current injuries, physical problems or health concerns, including allergies?  No  Yes

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

Does your dog have any physical restrictions while playing, or sensitive areas on the body?  No  Yes

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

Is your dog microchipped?  No  Yes

## VACCINATION RECORDS

*Please list the administration dates for the following vaccinations: Bordetella vaccination must be administered at least 7 days prior to any services at Prairie Pawz; 3 days for a nasal vaccination. **Please provide proof of vaccinations from your vet.** Staff will verify once we have received proof of current vaccinations.*

Rabies \_\_\_\_\_ DHPP (distemper, hepatitis, and parvovirus/parainfluenza) \_\_\_\_\_

Bordetella (Kennel cough) \_\_\_\_\_ H3N2 (Flu) \_\_\_\_\_ Lepto \_\_\_\_\_

Is your dog currently on a flea preventative medication? (Required for all guests)  No  Yes

Name of brand: \_\_\_\_\_ Date of last treatment: \_\_\_/\_\_\_/\_\_\_

If Prairie Pawz LLC, finds evidence of ticks or fleas, treatment will be provided at owner's expense.

Is your dog being treated for heartworm? (Required for all guests)  No  Yes

Name of brand: \_\_\_\_\_ Date of last treatment: \_\_\_/\_\_\_/\_\_\_

Date of last fecal exam \_\_\_\_\_ (Must have a negative exam every six months)

## PERSONALITY

**Please check all answers that describes your dog's personality:**

- Outgoing  Timid  Affectionate  Reserved  Protective  Feisty  Friendly  Obedient  
 Aggressive  Independent  Playful  Confident  Submissive  Clingy  Gentle

**Please check all answers that describe your dog's attributes:**

- Jumper  Biter  Digger  Climbs Fences  Fears Noises  Howls  Active Chewer  
 Barks Excessively  Likes to Herd  Low Activity Level  Medium Activity Level  High Activity Level  
 Toy Aggressive  Food/Treat Aggressive  Separation Anxiety  Excessive Marking  
 Excessive Mounting  Coprophagia (Eats Feces)  Other: \_\_\_\_\_

**Has your dog ever bitten a person or another dog?**  No  Yes

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

**Has your dog ever escaped?**  No  Yes

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

**Please check all that apply when describing situations where your dog may become unfriendly:**

- Grabbing collar  Being removed from furniture  Meeting strangers  Meeting other Dogs  
 Being hugged  Being brushed  Being touched while sleeping  Being touched on the ears  
 Being touched on the paws  Being touched on the mouth  Being touched on the tail  
 Being touched on the lower back  Around women  Around men  Around children  
 Other: \_\_\_\_\_

**Has your dog ever displayed any of the following behaviors? (Please check all that apply and explain the situations):**

Will bite  May bite  Growls  Snaps  Shows Teeth  Trembles  Freezes  Moves Away

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**Is your dog afraid/nervous of anything (thunderstorms or fireworks)?**  No  Yes

If so, what may help to relax your dog? \_\_\_\_\_

**Your dog plays best with:**  No Dogs  Big Dogs  Little Dogs  Older Dogs  Puppies

Off -Leash Play Information:

**Has your dog had any issues in an off-leash social environment?**  No  Yes

If yes, check all that apply and explain below:

Altercation or fight at a public park  Altercation or fight with a friend's/neighbor's dog

Fearful reaction in a group of dogs  Dismissed from a prior dog daycare or social playgroup program

Other: \_\_\_\_\_

**Does your dog like to play any games (fetch or tug of war)**  No  Yes \_\_\_\_\_

**Does your dog like to play in water**  No  Yes

On-Leash Behavior:

**Does your dog have any of the following issues when walking on a leash?**  Pulling

Biting the Leash  Stopping Abruptly  Other \_\_\_\_\_

**Does your dog require any special harness/collars?**  No  Yes \_\_\_\_\_

**Does your dog require any special commands/needs?**  No  Yes \_\_\_\_\_

**Shampoo Selection:** Prairie Pawz LLC administers free departure baths for guests boarding for 7+ nights. Prairie Pawz LLC proudly offers shampoos designed to safely clean our guests. Please select a shampoo that we may use on your dog during a bath.

\*You may change this selection at any time by speaking to our front desk:

- Oatmeal Shampoo & Conditioner
- Hypoallergenic
- Coat Brightener
- Tearless Shampoo

*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 (s) \_\_\_\_\_

Date \_\_\_\_\_

REV. 11/06/2018