



2360 Violet Ave | Madrid, IA 50156
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Dog Profile

Dog's Name

Age (approx)

Breed

Pet(s) Owner

Date

Address

Phone

In case of emergency, Kennel shall notify:

Name

Phone

Your Veterinarian

Phone Number

Current Medications Dog is Taking and For What Purpose

Circle any of the following health problems your dog has experienced:

Seizures Heart Disease Blindness

Deafness Allergies Ear Infection

Recent Injury (specify) _____

Does your dog respond to his/her name when called? Y N

Is your dog housetrained? Y N

Does your dog urinate when approached? Y N

Does your dog engage in self-mutilation (chewing on leg/licking raw spots, etc.)? Y N
If yes, please explain:

Does your dog respond to owner's direction? Y N

Has he/she been formally trained? Y N

Has your dog bitten anyone? Y N If yes, what were the circumstances?

Do you administer punishment to your dog? Y N If yes, what type?

Is your dog kenneled at home? Y N

Have you ever boarded your dog before? Y N If yes, how did your dog react, if you know?

In a stressful/new situation, circle any of the following that describes how your dog reacts:

Wildly Active Active Poised/Assured Reserved Withdrawn/Lethargic

Does your dog climb/jump/chew through fencing of any type? Y N

List any other unusual behavioral characteristics your dog has that we have not asked:
