



Pup's Personality Profile

PUP #1

Dog's Name: _____

Breed or Mix: _____

Sex (M/F): _____ Date of Birth (age) _____

Neutered/Spayed (Y/N): _____ At what age? _____

Color: _____

Identifying Marks: _____

How long have you owned dog? _____

Where did you get your dog? _____

If Adopted, do you have past history? (Y/N) _____

If Yes, Please describe _____

Health/Grooming

List any Medications _____

Reason for use _____

Dosage Instructions _____

Does your dog have any allergies? (Y/N) _____

If Yes, Please describe _____

Is your dog on flea control? (Y/N) _____

List any Medical Conditions? _____

Has your dog been ill in the last 30 days? _____

Does your dog have hip dysplasia? (Y/N) _____

If Yes, what restrictions _____

Has your dog ever had a seizure? _____

What food does your dog eat? _____

Any dietary restrictions? _____

Does your dog like being brushed? (Y/N) _____

How does your dog react to nail clipping? _____

Any sensitive areas on dog's body? _____

PUP #2

Dog's Name: _____

Breed or Mix: _____

Sex (M/F): _____ Date of Birth (age) _____

Neutered/Spayed (Y/N): _____ At what age? _____

Color: _____

Identifying Marks: _____

How long have you owned dog? _____

Where did you get your dog? _____

If Adopted, do you have past history? (Y/N) _____

If Yes, Please describe _____

Health/Grooming

List any Medications _____

Reason for use _____

Dosage Instructions _____

Does your dog have any allergies? (Y/N) _____

If Yes, Please describe _____

Is your dog on flea control? (Y/N) _____

List any Medical Conditions? _____

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P.1

1285 Puerta Del Sol, San Clemente CA 92673

Ph: 1(800) 964-PAWS FAX: (949) 276-4932 www.pawspetresorts.com

PUP's HABITS

Has your dog ever attended daycare? (Y/N)_____

If so where? _____

How did he react? _____

Has your dog ever been to a dog park? (Y/N) _____

How did he react? _____

How does your dog react to the following:

Around strangers in your home _____

Around children _____

Around small dogs or puppies _____

Around large dogs _____

Around delivery persons _____

When you leave the home _____

When you return home _____

Out on a leash walk _____

When another dog approaches _____

Off leash or at a dog park _____

Has your dog been to obedience training? (Y/N)_____

If so describe _____

How active is your dog? _____

Is your dog frightened by noises? _____

Is there a type of person your dog is afraid of? _____

Has your dog ever growled or snapped at anyone taking food or toys away? _____

Does your dog exhibit protective behavior? _____

Has your dog ever bitten a person or animal causing injury or death? _____

Has your dog ever been in a dog fight that ended with injuries? _____

Does your dog tend to be an escape artist? _____

Has your dog ever tried to climb a 6 ft fence? _____

Does your dog play with toys? _____

Does your dog have a barking problem? _____

Does your dog use his mouth too rough on you or your family? _____

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Health and Temperament Certification

I, _____, hereby certify that my dog _____ is in good health and has not been ill with any communicable condition in the last 30 days.

I further certify that my dog has not harmed or shown aggression or threatening behavior towards any person or any other dog.

Date: _____

Signature of Owner: _____

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