



Bark Avenue

421 Welham Rd, Barrie, On, L4N 0B6 * (705) 770-PAWS

PET PROFILE

Owner's Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Work Phone: (____) _____ Ext: _____ Email: _____

Emergency Contact Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Work Phone: (____) _____ Ext: _____ Email: _____

Relationship: _____

How did you hear about **Bark Avenue**?

You're Pet's Name: _____

How long have you owned your pet? _____ Age: _____

Your pet's breed: _____ Sex: _____

Is your pet spayed or neutered? (Y/N) If not please explain why: _____

Where did you get your pet? _____

Do you have any knowledge of your pet's past history? _____

Does your pet like children? (Y/N) How does your pet behave around children?

Are there other animals in your household? (Y/N) If so, please list type, sex and age of each and how your pet interacts with them:

Has your pet ever been to dog daycare before? (Y/N) If yes what daycare have they attended? _____

Have you boarded your pet before? (Y/N) If so where have they boarded? _____

Where does your pet stay most of the time? (Check a response):

Indoors Garage Basement Outdoors Other _____

Does your pet have allergies? _____

Do you use any flea products? (Sentinal, Frontline, Advantage, Revolution, etc.)

Does your pet have hip dysphasia? (Y/N) _____

Is your pet on any medications now? (Y/N) If so, do we need to administer it? (Y) (N)

Has your pet been on medication recently? (Y/N) If so for what reason? _____

Does your pet have any injuries, hot spots, irritation, skin problems, bandages, stitches or other problems our staff should be aware of? _____

Does your pet have any medical conditions that limit his or her activities or movements?

Does your pet enjoy being brushed? _____

How does your pet react to having his/her nails clipped? _____

Does your pet have any sensitive areas on his/her body that we shouldn't touch? _____

Has your pet had any surgeries in the past? _____

Is your pet afraid of any specific items or noises (ie: men, people in uniform, ect.)? (Y/N)

If so please explain his/her reaction: _____

How does your pet react to strangers coming into your home or yard? _____

Are there any kinds of dogs your pet automatically fears or dislikes? _____

What is his/her reaction? _____

Are there any circumstances where your dog is aggressive with other dogs? (Y/N)

If so, please explain: _____

Do you take your dog to off leash? ___Parks___Sidewalks_____Other_____

Can your dog jump over dig under fences? (Y/N) If yes, how high was the fence?

Has your dog ever growled at someone? (Y/N) What where the circumstances? _____

Has your pet ever bitten someone? (Y/N) What where the circumstances? _____

Does your dog have any problems in any of the following areas: (if so please explain)

Digging Jumping Does not listen Shy Chewing
 Aggression Housebreaking Barking at noises (knocking,
doorbell ect.) Leash biting/pulling Mouthing Running away
 Territorial Marking Separation Anxiety Poor leash manners

Other: _____

Has your dog ever growled or snapped at anyone who has taken his/her food or toys away? (Y/N) What were the circumstances? _____

Has your dog ever shared his/her food or toys with other animals? _____

Does your dog play with other dogs? _____

Has your dog ever had any formal obedience training? (Y/N) If yes, when and where?

Which commands does your dog know? _____

Does your dog like to swim? (Y/N) If so, is your dog prone to ear infections, skin allergies/rashes or other problems after swimming? _____

Other comments about your pet which you feel we need to know and which might be helpful: _____

For office use only:

Pets Name: _____

Evaluation conducted by: _____

PASS: _____ Fail: _____

Comments:

Date: _____

Signature: _____