

Pet Profile

Angelic Tails Doggie Day Camp & Spa

Date: _____

Owner's Name: _____

Pet (s) Name(s): _____ Sex: _____

Age (s): _____ Breed (s): _____

Has your dog ever attended a Day Camp before? _____ Ever boarded overnight before? _____

If yes, where? _____ When was their last visit? _____

What did you like about that experience? _____

What did you dislike about that experience? _____

Is your pet currently on medication? _____ Reason: _____

List any instructions for our staff here: _____

Has your pet been on antibiotics in the past 21 days? _____ Reason: _____

If, at any time in the future, your pet does use antibiotics, they must stay home for 21 days following treatment.

Does your pet have any food allergies? Describe : _____

My dog is: shy with other dogs shy with people shy with men other: _____

On occasion, my dog will: show teeth growl/verbalize fear feel uncomfortable other

Describe the occasions above: _____

Are there any restrictions on your pet's activities? _____

Is there anything specific you would like us to know about your dog?

Has your dog ever played with other dogs, off leash? _____

Describe your dogs behavior when he/she meets another dog:
