



Dog Profile

Dog's Name _____ Breed _____

Color and Markings _____

Date of Birth (approximate if not known) ___/___/___ Age _____

Sex: Male Female

Spayed/Neutered: Yes No

Weight (approximate) _____

Optional Information

If you want to provide a photo of your dog, you can email it to info@gooddogpetranch.com.

Veterinarian

Dr. _____

Clinic/Hospital _____

Clinic/Hospital Address _____

Clinic Phone _____ Clinic Fax _____

Vaccinations:

We require a copy of your pet's vaccination records from a licensed Veterinarian.

Required vaccinations for DOGS:

- Rabies – administered every 3 years (first vaccine is for 1 year).
- Distemper/Parvo combo (DAPP) – administered annually.
- Bordetella – administered every 6 months.

Highly recommended vaccinations:

- Canine Influenza – administered annually (for dogs who lodge on a frequent basis).

Has your dog ever growled at, snapped at, or bitten another animal or person?

Yes No

If yes, please describe the situation:

Has your dog had any problems previously in an off-leash environment?

Yes No



If you answered yes to the previous question, please check all that apply.

- Altercation or fight at a public dog park
- Altercation or fight with a neighbor's or friend's dog
- Fearful reaction in a group of dogs
- My dog, another dog, or a person was injured due to an altercation requiring medical treatment for any or all involved

Which of the following best describes your dog's level of socialization with other dogs:

- None – No knowledge of other dog interaction
- Minimal – On leash encounters only
- Moderate – Some off-leash playtime on occasion with visitor's/neighbor's/friend's dog(s)
- Extensive – Regular visits to dog social events, off-leash dog parks, dog day care, etc.

Does your pet have any known allergies?

- Yes No

If yes, what is he/she allergic to and what are the symptoms:

Feeding Schedule (Please indicate when and how much to feed and any special feeding instructions.)

AM

Mid-Day

PM

Feeding Method

- Feed alone
- Feed with Housemates
- Other, please explain:

Food Type

Feeding Notes



Health and Wellness Information

Please describe your pet's general health. Include any medical conditions we should know about.

Does your dog have any medical conditions?

Yes No

If yes, please explain and list the symptoms.

Medication Schedule (Please indicate when and how much to medicate and any special medication instructions.)

AM

Mid-Day

PM

As needed

Medication Notes

Is your dog on heartworm prevention?

Yes No

Is your dog on flea/tick prevention?

Yes No



Does your dog have any physical disabilities?

Yes No

If yes, please explain:

Behavior – Please answer below questions if you’d like your dog to participate in group play.

Check the box below that best represents your dog’s overall level of exercise:

- Couch Potato: Spends days sleeping, occasional walks and/or playtime with humans or other dogs
- Mild Exercise: Short daily walks and/or regular playtime with humans or other dogs
- Moderate Exercise: Long or multiple walks daily and/or regular playtime with humans or other dogs
- Athlete: Regular jogs/runs/or regular participation in a dog sport activity such as agility, flyball, etc.

Does your dog have any play restrictions (check all that apply):

- No jumping
- No running
- No hard play
- No contact with other dogs
- Other

Has your dog ever climbed/jumped a fence or escaped from your house or yard?

Yes No

If yes, please explain the situation:

Are there any particular types of people or dogs that your dog seems to automatically fear or dislike?



Does your dog have any training history?

Yes No

If yes, what type?

Other comments or information about your dog that you feel might be helpful?

At Good Dog Pet Ranch, we love dogs and want your dog to love coming here. No one knows your dog better than you, and we appreciate your taking the time to fill out this form. Please sign and date that all questions were answered truthfully and to the best of your knowledge. We look forward to a lifelong friendship with you and your dog.

Customer Signature: _____ Date: _____

Good Dog Pet Ranch... where tails are always wagging!