WET NOSES PET PROFILE
(PLEASE PRINT THE FOLLOWING INFORMATION)

Date _______________________

Owners Name ____________________________________________
Pet's Name ________________________ Date of Birth ____________ Breed ___________ Color ___________

Written Vaccination Verification from your veterinarian is required (please attach separately)

Dogs Over 6 Months: Spayed/Neutered, DHLPP, Rabies, Bordetella and Negative Stool Results.
Dogs Under 6 Months: DHLPP, Bordetella, Negative Stool Results.
Cats: Rabies, FLVRP, FeLV

My Pet is taking medication Yes ______ No ______
Name of Medication _________________________________________________________________________
Illness / Reason _________________________________________________________________________
Describe how to administer (ie, in peanut butter, in cheese, etc.) ________________________________
Use back of form for additional medications and indicate additional medications by checking here ________

List all food or other allergies __________________________________________________________________
Has your pet had any contagious diseases in the past 30 days? Yes ______ No ______
If yes, please explain _______________________________________________________________________
What (if any) restrictions / limitations need to be placed on your pet’s activities? _______________________

My pet is easily scared by or reacts negatively to (hats, men, tall people etc.) _______________________________________________________________________

My pet is shy ____ mellow ____ aggressive ____ excitable ____ active ____
My dog plays well with which dogs (circle all that apply): Big Little Older Younger Puppies All Dogs NO DOGS

Describe your dog’s behavior around other dogs ___________________________________________________

My dog has: Bitten ______ Growled ______ Bared Teeth ______ Shown Threatening Behavior ______
Detail circumstances of any checked ______________________________________________________________________

Is there any particular dog breed your dog reacts to negatively positively? Yes ______ No ______
Explain _______________________________________________________________________________________

Has your pet ever stayed in a boarding or daycare facility? When / Where _______________________________
What did you like or dislike about the experience or facility? __________________________________________

Has your dog ever been refused admittance to or expelled from day care? Yes ______ No ______
If yes, when and why? _________________________________________________________________________

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Is your dog protective / possessive of anything such as; food, toys or people? If yes please explain__________________________

Additional information you would like us to know about your dog: ______________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Brand of Food: __________________________ Canned _____ Dry _____ Other __________

Amount per feeding ( number of cups, portion of can, etc.) __________________________

When? Morning ____ Afternoon ____ Evening ____ or Free Food ____ (food available at all times, dry only)

How is your dog’s food service?  Dry ____ Moist ____ Soaked ____ Warmed ____ Other ______________

Are any supplements used?  Yes ______ No ______

Supplement Name: _________________________________________________________________________

Amount given and when: _______________________________________________________________________

Describe how to give (ie. in peanut butter, in cheese etc.) __________________________

__________________________________________________________________________________________

Use back of form for additional supplements and indicate additional supplements by checking here __________

Describe all items being left at Wet Noses. Be as specific as possible. Provide name of item, brand, color etc.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Your dog’s personal items will be available for comfort while in his/her kennel. In the normal course of use, your dog’s bedding, toys, comfort items and other personal items may not be returned in their original condition following its stay at Wet Noses.