

**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, FeL V

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 circumstanced 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.