



GUEST PROFILE

DATE _____

OWNER INFORMATION

Primary Owner

Name _____

Street Address _____

City _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

No, please *do not* add me to your email list

Secondary Owner

Name _____

Phone _____

Email _____

Emergency Contact

Name _____

Phone _____

Email _____

How did you first hear about The Local Bark? Google Yahoo Internet Yellow pages
 Magazine Radio Other Referred by _____

GUEST INFORMATION

Name _____

Gender M F Breed _____

Color _____ Weight _____ Birthdate MM/DD/YY _____

Neutered/Spayed Yes No Neuter/Spay Date _____

Veterinarian Facility _____ Veterinarian Phone Number _____

MEDICAL INFORMATION

Does your dog have any allergies? Yes No If yes, explain _____

Does your dog have any health concerns? Yes No If yes, explain _____

Should we place any restrictions on your dog's activities? Yes No If yes, explain _____

BEHAVIOR INFORMATION

How long have you had your dog? _____

Where did you get your dog? _____

Has your dog ever stayed at a boarding facility? Yes No

How would you describe your dog's activity level? Low energy Medium Energy High Energy

Does your dog enjoy playing with other dogs? Yes No

Does your dog play well with large dogs? Yes No

Does your dog play well with small dogs? Yes No

Has your dog ever been involved in a dog fight? Yes No

If yes, did your dog initiate the fight? Yes No

Were there any injuries sustained with either dog involved in the fight? Yes No

If yes, please describe the circumstance _____

Is your dog friendly with people? Yes No

Has your dog ever growled at a person? Yes No

Has your dog ever snapped at or bitten a person? Yes No

If yes, please describe the circumstance _____

Is your dog possessive of food, treats, or toys? Yes No

Can you take a food item away from your dog without him growling? Yes No

Will your dog readily share toys with other dogs? Yes No

Has your dog ever jumped a fence or barrier? Yes No

If yes, please describe _____

Is there any reason to not allow your dog to play in a playgroup all day? Yes No

If yes, please describe _____

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

Check all words that describe your dog's personality:

- | | | | | |
|------------------------------------|---|-------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Verbally sensitive | <input type="checkbox"/> Submissive | <input type="checkbox"/> Affectionate | <input type="checkbox"/> Pushy |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Timid | <input type="checkbox"/> Dominant | <input type="checkbox"/> Clingy | <input type="checkbox"/> Gentle |
| <input type="checkbox"/> Excitable | <input type="checkbox"/> Reserved | <input type="checkbox"/> Playful | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Social |
| <input type="checkbox"/> Aloof | <input type="checkbox"/> Anxious | | | |