

Pet Personality Profile

Pet Parent's Last Name: Pet's Name:
Is Pet Spayed/Neutered?YesNo
Flea Preventative?Yes No Allergies? What kind?
Are there restrictions that need to be placed on your pet's activities or movements?
How does your pup react to being groomed? Nails clipped?
Ears cleaned?
Does your pup have any sensitive areas on his/her body?
Please list any medications your pup is currently taking.
Is your pup on a special diet?
Does your pup act afraid of any specific items or noises?
Are there any kinds of people your pet fears or dislikes?
Are there any kind of dogs your pet fears or dislikes?
Does your pup have problems in any of the following areas?
Fear of thunder and/or lightening? Persistent barking?
Does your pup try to jump fences? (Please note, Downtown Dog is enclosed with concertina fencing
Is your pup toy or food aggressive/protective?
Other comments about your pet which you feel might be helpful: