



845 Taylor Road
Port Orange, FL 32127

Guest Personality Profile (CANINE)

We want your dog to have a wonderful time at The Place For Pets! Please help us get to know your pet by sharing with us his/her history and personality traits. This information will allow us to give your dog (our guest) the best experience possible. You may email the form back to reservations@tpfplove.com or drop it off at The Place For Pets reception.

Thank you for giving us the privilege of caring for your special pet.

OWNER INFORMATION

OWNER NAME:	ADDRESS:
TELEPHONE NUMBER:	EMAIL:
VETERINARIAN :	VET TELEPHONE NUMBER:

GUEST PROFILE

PET NAME:	BREED:	GENDER:
SPAYED or NEUTERED?	DATE OF BIRTH/AGE:	YEARS OWNED:

HANDLING (CHECK ALL THAT APPLY)

(TO CHECK, DOUBLE CLICK DESIRED CHECK BOX AND SELECT "CHECKED" FROM "FORM FIELD OPTIONS BOX")

GOOD ON LEASH <input type="checkbox"/>	PULLS ON LEASH <input type="checkbox"/>	ALOOF/INDEPENDENT <input type="checkbox"/>
DIFFICULT TO HANDLE <input type="checkbox"/>	HAS BEEN TO TRAINING <input type="checkbox"/>	NOT OK TO BE PICKED UP <input type="checkbox"/>

Is your dog uncomfortable being handled in any certain way or sensitive to touch? (i.e. Doesn't like feet touched, etc.) _____

HUMAN INTERACTION (CHECK ALL THAT APPLY)

(TO CHECK, DOUBLE CLICK DESIRED CHECK BOX AND SELECT "CHECKED" FROM "FORM FIELD OPTIONS BOX")

LOVES EVERYONE <input type="checkbox"/>	PROTECTIVE OF OWNER <input type="checkbox"/>	GOOD GUARD DOG <input type="checkbox"/>
AGGRESSIVE <input type="checkbox"/>	LOVES BEING CUDDLED <input type="checkbox"/>	

Ever bitten and/or tried to bite a person? Please explain. _____

ANIMAL INTERACTION (CHECK ALL THAT APPLY)

(TO CHECK, DOUBLE CLICK DESIRED CHECK BOX AND SELECT "CHECKED" FROM "FORM FIELD OPTIONS BOX")

CHASES CATS/SMALLER ANIMALS <input type="checkbox"/>	DISLIKES OTHER DOGS <input type="checkbox"/>	LIKES OTHER DOGS <input type="checkbox"/>
SCARED OF OTHER DOGS <input type="checkbox"/>	DOES NOT SHARE TOYS <input type="checkbox"/>	DISINTERESTED <input type="checkbox"/>

Ever bitten and/or tried to bite another animal? Please Explain. _____

POTTY HABITS (CHECK ALL THAT APPLY)

(TO CHECK, DOUBLE CLICK DESIRED CHECK BOX AND SELECT "CHECKED" FROM "FORM FIELD OPTIONS BOX")

On what surfaces is your dog comfortable eliminating/going potty?

GRASS <input type="checkbox"/>	ROCKS <input type="checkbox"/>	CONCRETE <input type="checkbox"/>	ANYWHERE <input type="checkbox"/>
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EATING HABITS (CHECK ALL THAT APPLY)
 (TO CHECK, DOUBLE CLICK DESIRED CHECK BOX AND SELECT "CHECKED" FROM "FORM FIELD OPTIONS BOX")

FINICKY EATER EATS REALLY FAST FOOD AGGRESSIVE WITH OTHER DOGS

We find that dogs do best during their stay with us by eating the same food they eat at home. We require you to bring your dog's food from home (portioned if dry food). Please provide feeding instructions.

NAME/TYPE OF FOOD	MORNING FEED TIME	A.M.	QUANTITY
NAME/TYPE OF FOOD	EVENING FEED TIME	P.M.	QUANTITY

Special Feeding Instructions: _____

OTHER PERSONALITY TRAITS, PREFERENCES AND HABITS (CHECK ALL THAT APPLY)
 (TO CHECK, DOUBLE CLICK DESIRED CHECK BOX AND SELECT "CHECKED" FROM "FORM FIELD OPTIONS BOX")

EASY GOING PUSHY DEMANDING BARKS A LOT LOTS OF ENERGY CLINGY
 CONFIDENT SHY DIGS SOMETIMES CRABBY USED TO LOTS OF EXERCISE
 LIKES WATER "MARKS" TERRITORY TRIES TO ESCAPE SCARED OF LOUD NOISES
 SEPARATION ANXIETY HATES WATER LOVES WATER AFFECTIONATE PLAYFUL NERVOUS

How does your dog react when afraid? _____

What is your dog's #1 "bad habit" that you wish you could change? _____

MEDICAL CONDITIONS (check all that apply, describe and bring related vet records or other information so that we may provide proper care.)
 (TO CHECK, DOUBLE CLICK DESIRED CHECK BOX AND SELECT "CHECKED" FROM "FORM FIELD OPTIONS BOX")

- Chronic Medical Condition _____
- Recent surgery or procedures _____
- Recent vet visit for illness _____
- Takes Medication _____
- Experiences seizures _____
- Chronic pain or difficulty moving _____