

## Pet Personality Profile

Pet's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date you acquired dog: \_\_\_\_\_ Dog's breed \_\_\_\_\_

 Age: \_\_\_\_\_ Male  Female  Spayed/Neutered Yes  No 

Questions	Yes	No
Has your dog ever attended day camp?	<input type="checkbox"/>	<input type="checkbox"/>
Has your dog ever been asked to leave a previous day camp? If so, please explain why: _____	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet on flea and tick prevention? Type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Does your dog have a problem with allergies or have food allergies of any kind (just for medical history purposes)?	<input type="checkbox"/>	<input type="checkbox"/>
Is your dog from a shelter?	<input type="checkbox"/>	<input type="checkbox"/>
Does your dog have any sensitive areas on his/her body, restrictions of any kind, or previous injuries we should be made aware of?	<input type="checkbox"/>	<input type="checkbox"/>
Does your dog act afraid of any specific items or noises? If so, please explain what noises: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any kinds of people/dogs your dog automatically fears or dislikes Breed type: _____ Men <input type="checkbox"/> Larger dogs <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Has your dog ever growled or bitten someone? If so, please explain situation: _____	<input type="checkbox"/>	<input type="checkbox"/>
Is your dog on a monthly heartworm and a flea prevention?	<input type="checkbox"/>	<input type="checkbox"/>
Is your dog on any other medications other than flea and heart worm?	<input type="checkbox"/>	<input type="checkbox"/>
Has your dog ever growled or snapped at anyone who has taken his/her <b>food or toys</b> away from him/her or shown jealousy with toys?	<input type="checkbox"/>	<input type="checkbox"/>
Does your dog have any problems in any of the following areas?		
Housetraining	<input type="checkbox"/>	<input type="checkbox"/>
Barking	<input type="checkbox"/>	<input type="checkbox"/>
Digging	<input type="checkbox"/>	<input type="checkbox"/>
Jumping	<input type="checkbox"/>	<input type="checkbox"/>
Other: Explain	<input type="checkbox"/>	<input type="checkbox"/>