



Second Home Pet Boarding, LLC

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Secondhomepetboarding.org

DOG PROFILE FORM

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email: _____

How did you hear about us? _____

Emergency Contact:

Name: _____ Relationship: _____ Phone #: _____

If others are authorized to pick up your dog, please list them:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Veterinarian:

Clinic Name: _____ Phone #: _____

Address: _____

PET INFORMATION

Dog's Name: _____ Primary Breed: _____

Weight: _____ Sex: _____ Color/Markings: _____ Age/Birthdate: _____

Circle where appropriate:

Spayed

Neutered

Unaltered

Has your dog ever attended a boarding facility in the past? *(Please circle one)* Yes No

Does your dog have a basic understanding of commands (sit, stay, down, etc.)? Yes No

Is your dog housebroken? Yes No Paper Trained? Yes No

Is your dog crate trained? Yes No

MEDICAL HISTORY

Is your dog currently taking any medications? *(Please circle one)* Yes No

****NOTE: IF YOU CHECKED YES, YOU WILL NEED TO FILL OUT AND SIGN A MEDICATION ADMINISTRATION FORM FOR EACH PET!**

Has your dog been ill in the last 30 days? Yes No

Is your dog displaying any symptoms such as coughing, sneezing or upset stomach? Yes No

Does your dog have any previous or current injuries, physical problems or health concerns, including allergies? Yes No ***If yes, please explain:*** _____

Does your dog have any physical restrictions while playing, or sensitive area on the body? Yes No

If yes, please explain: _____

Is your dog currently on a flea/tick preventative medication? **(Required for all pets)** Yes No

Name of brand used: _____ Date last administered: ____/____/____

****PLEASE NOTE: If Second Home Pet Boarding, LLC finds evidence of ticks or fleas, treatment will be provided at pet owner's expense.**

PERSONALITY TRAITS

Please circle all answers that describes your dog's personality:

Outgoing Timid Affectionate Reserved Protective Feisty Friendly Obedient

Aggressive Independent Playful Confident Submissive Clingy Gentle

Please circle all answers that describe your dog's attributes:

Biter Climbs fences Howls Active chewer Barks excessively Low activity level

Toy aggressive Food/treat aggressive Separation anxiety Excessive marking

Excessive mounting Coprophagia (Eats feces)

Other: _____

Has your dog ever bitten a person or another dog? *(Please circle one)* Yes No

If yes, please explain: _____

Please circle all that apply when describing situations where your dog may become unfriendly:

- Grabbing collar Being removed from furniture Meeting strangers Meeting other dogs
Being hugged Being brushed Being touched while sleeping Being touched on the ears
Being touched on the paws Being touched on the mouth Being touched on the tail
Being touched on the lower back Around women Around men Around children
Other: _____

Has your dog displayed any of the following reactions? (Please circle all that apply):

- Growls Snaps Shows teeth Trembles Freezes Moves away when approached

Brand name of dog food you feed your dog: _____

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Signature of Pet Owner: _____ **Date:** _____