



DOG RESORT • TRAINING CENTER

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## New Dog Profile

Thank you for choosing Paws & Play Dog Resort & Training Center! To allow us to provide the best possible care for your dog, please answer all questions completely and honestly. We use this information to help determine the best activities, accommodations, and care for your dog.

### Information

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Dog's Color(s) and/or Coat Patterns: \_\_\_\_\_ Sex: Male Female Spayed/Neutered: Yes No

Family's Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Dog's Veterinary Office: \_\_\_\_\_

Where did you acquire your dog? \_\_\_\_\_ How long have you had your dog? \_\_\_\_\_

#### Do you have other pets at home?

Pet 1 Dog Cat Other: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Pet 2 Dog Cat Other: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Pet 3 Dog Cat Other: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Pet 4 Dog Cat Other: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Pet 5 Dog Cat Other: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

What brand of food do you feed? \_\_\_\_\_

Amount: \_\_\_\_\_ How Often: \_\_\_\_\_

Favorite Treat: \_\_\_\_\_ Favorite Toy: \_\_\_\_\_

Medical Issues: \_\_\_\_\_ Medications: \_\_\_\_\_

Does your dog have food allergies? If yes, to what? \_\_\_\_\_

#### What activities/exercises do you provide for your dog?

	Daily	Couple of times per week	Once per week	Couple of times per month	Once per month	Couple of times per year	N/A
Walks							
Runs							
Off leash in fenced backyard							
Tie-out in backyard							
Fetch games							
Tug games							
Interactive toys							
Rough housing							
Day care							
Dog park							
Other:							

# Social Skills

How does your dog react in the following situations with other DOGS?

	Plays	Coexists (no issues but doesn't really play)	Ignores	Nervous (Avoids)	Barks/ Growls	Barks/ Growls & Lunges	Mouths &/or Bites	N/A
In the home								
In the yard								
On leash								
Off leash								
Dog park								
Day care								
Other:								

**Has your dog ever been to a Day Care?**

**If YES:**

List facilities: \_\_\_\_\_

Did your dog have any issues during group play? Please explain. \_\_\_\_\_

**If NO:**

Are you interested in your dog joining group play? Please Explain. \_\_\_\_\_

**Has your dog ever caused injuries to another dog?** Yes No

*(If yes, this does not automatically make your dog ineligible for group play. Every dog is assessed independently.)*

If yes, please explain. \_\_\_\_\_

How does your dog react in the following situations with PEOPLE?

	Friendly (Wagging tail, seeking petting)	Coexists (Interested but doesn't interact much)	Ignores	Nervous (Avoids)	Barks/ Growls	Barks/ Growls & Lunges	Mouths &/or Bites	N/A
Entering the home								
In the home								
In the yard								
On leash								
Off leash								
Other:								

**Has your dog ever caused injury to a person?** Yes No

If yes, please explain. \_\_\_\_\_

Select all that apply to your dog for the following situations.

	Wags tail	Ignores	Eats quicker	Stiffens/ Freezes	Snarls/ Growls	Mouths &/or Bites	N/A
<b>Human</b>							
Petting while eating							
Handling food while eating							
Petting while chewing on natural chews*							
Taking natural chews away							
Petting while chewing/playing with toys							
Taking away toys							
Petting while drinking							
Taking water away							
<b>Dog</b>							
Approaching while eating							
Approaching while drinking							
Approaching while chewing on natural chews*							
Approaching while chewing on toys							

\* Natural chews are defined as any chews that come from natural animal products. Examples: knuckle bones, cow hooves, pig's ears, hollow/marrow bones, bully sticks, etc.

**Special Notes for Social Skills:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Behavior

How would you describe your dog's activity/energy level?    Low    Moderate    High    Intense

Does your dog display signs of the following? If so, please explain.

Fear: \_\_\_\_\_  
\_\_\_\_\_

Anxiety: \_\_\_\_\_  
\_\_\_\_\_

Crate Anxiety: \_\_\_\_\_  
\_\_\_\_\_

Does your dog have a history of escaping barriers/containment? Examples: crates, fences, etc.    Yes    No

If Yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your dog display separation anxiety?    Yes    No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Does your dog display signs of thunder phobia (fear of thunderstorms)?    Yes    No

If yes, what precautions or management steps do you take? \_\_\_\_\_  
\_\_\_\_\_

Have you done any training with your dog?    Yes    No

If yes, where and what kind? \_\_\_\_\_  
\_\_\_\_\_

Special Notes for Behavior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_