



Percy's Playground  
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Eagle Rock, MO 65641  
417.232.3823  
www.percysplayground.com

## Dog Profile Form

### Client Information

Human name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

### Emergency contact

(Someone local and not traveling with you who can, if necessary, transport and care for your dog while you're gone)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Please list those whom are authorized to pick up your dog:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Veterinarian \_\_\_\_\_

Phone number \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

### Guest Dog Information - The Basics

Name \_\_\_\_\_ DOB/best guess \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Circle one:      Female              Spayed female              Male              Neutered male

Breed/s or best guess \_\_\_\_\_ Weight \_\_\_\_\_ lbs.

Where did you get your dog? \_\_\_\_\_

Is your dog housebroken?    Y                      N                      Potty-pads

Has your dog attended a boarding facility in the past?              Y                      N

When was your dog's last boarding experience?      (Month/Year)      \_\_\_\_/\_\_\_\_

## Behavior

Has your dog had formal training in a classroom setting or with a trainer? Y N

Which methods of training have you used (circle all that apply):

Positive Reinforcement Prong/Pinch Collar Shock/E-Collar

Other: \_\_\_\_\_

Which basic manners does your dog know? None Sit Stay Come Leave It

Other: \_\_\_\_\_

Does your dog know any tricks? If so, which ones?

Does your dog have issues with:

Humans being near/around food/treats/bones when eating Y N

Humans being around her/his toys Y N

Humans being near her/his bed Y N

If you answered yes to the above, briefly explain:

Is your dog fearful of:

storms loud noises fireworks lawn machines hats sunglasses strangers children

Other: \_\_\_\_\_

I would like to see my dog do more of \_\_\_\_\_

I would like to see my dog do less of \_\_\_\_\_

Does your dog:

Chew inappropriate things Y N I don't know

Which things? \_\_\_\_\_

Climb fences Y N I don't know

Bark excessively Y N I don't know

Mark excessively Y N I don't know

Herd people or other animals Y N I don't know

Howl Y N I don't know

Eat poop Y N I don't know

Other notable behavior/s my dog does: \_\_\_\_\_

What things or events cause your dog stress? \_\_\_\_\_

\_\_\_\_\_

My dog doesn't like: *Check all that apply.*

\_\_\_\_\_ Being touched while sleeping

\_\_\_\_\_ Being touched on the (circle): feet ears tail butt Other \_\_\_\_\_

\_\_\_\_\_ Being hugged

\_\_\_\_\_ Being brushed/combed

\_\_\_\_\_ Having her/his collar grabbed

\_\_\_\_\_ Having her/his paws handled

\_\_\_\_\_ Being picked up or physically moved

\_\_\_\_\_ Other:  
\_\_\_\_\_

If something happened my dog doesn't like, my dog will: *Circle all that apply.*

Freeze shake/tremble move away tuck tail or ears show teeth growl snap

Other: \_\_\_\_\_

What causes your dog to have this reaction? \_\_\_\_\_

I would describe my dog's separation anxiety as:

Non-existent mild moderate severe

What does your dog do in your absence?

chills on the couch chews the couch cries/barks I don't know

Other: \_\_\_\_\_

Has your dog ever growled or charged at a human? Y N

Does your dog nip? Y N

Has your dog ever snapped at a human? Y N

Has your dog ever bitten a human? Y N

If yes to any of the above, please explain:

Has your dog ever bitten another dog? Y N

If yes, please explain:

## Activity

What kind of exercise/activity does your dog do daily?

On-leash walk      jog/run      fetch/frisbee      puzzles/games      chew toys/bones

Other \_\_\_\_\_

How long does your dog spend engaged in these activities per day?

Less than 1 hour      1-2 hours      2+ hours

What types of toys does your dog enjoy most? \_\_\_\_\_ Least? \_\_\_\_\_

What type of activities does your dog enjoy most? \_\_\_\_\_ Least? \_\_\_\_\_

I would describe my dog's activity level as:    Low      Medium      High      Off the charts!

## Medical

What flea/tick preventative is your dog on? \_\_\_\_\_

Date of last dose/application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is your dog currently taking any medications or supplements?      Y      N

**You will need to fill out the Medication/Supplement Form prior to or upon check-in.**

Does your dog have any previous or current injuries?      Y      N

If yes, please explain.

Does your dog have any allergies?      Y      N

If so, please explain.

Does your dog have any other health problems or concerns we should be aware of?      Y      N

If yes, please explain.

I understand Percy's Playground will rely on this information I am providing in order to help make my pet's stay as safe, fun and successful as possible. Therefore, I, the undersigned, hereby acknowledge the information I have provided is true and accurate to the best of my knowledge.

Printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_