The DogSmith Pet Profile Form

1 form for each pet is required

Name of Owner		Name of Pet	
Owner Tele-phone Number		Type of Pet	
Owner Email Address		Breed of Pet	
House/Apt #		Pet Chip #	
Street Name		Pet Weight or Size	
Town/City/Zip		Distinguishing Features	

Your Pets Feeding Instructions:

Preferred Time	Food—Description & Quantity	Special Instructions
Am		
Mid-Day		
PM		

Treats For Your Pets:

Please describe what/when and how treats can be dispensed to your pet

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Your Pets Living Area. Please check those that apply

My pet is never to be outside	My pet is permitted to get up onto furniture, beds and counters
My pet can only be outside on a leash	Please ensure my pet is in their crate or designated areas when alone
My pet can be safely let out into our secured back yard	Please ensure my pet is in their crate or designated areas at all times
My pet can be safely let out into our secured front yard	Other, please note

Please provide us with more information about your pets personality.

My Pet does not like the following, please check those that apply

Baths	Hot weather	Sharing toys
Toe nail clips	Rain/Snow/cold	Loud noises
Massages	Strange animals	Strange people
Ears being touched	Our family pets	Thunder/storms
Sprays	People/animals near their food bowl	People in its space

Has Your Pet Ever?

Please check those that apply

Snapped at a person	Escaped from your home
Bitten a person	Caused harm to itself while left alone
Growled at a person	Escaped from your yard
Bitten another animal	Escaped while out on a leash

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Your Pets Medical History

Vet name	
Pet allergies	
Clinic name	
Vaccinations up to date on	
Vet phone	
Heartworm Prevention. Date of application	
Flea/Tick Prevention. Date of application	

Pet Medical History: Please indicate any ongoing medical situation or medications being taken.

Emergency Care: *Placing a Credit Card on file at the vet's office is recommended

Client Name: Client Signature: Date:	Important Information