

Pork Chop's Way

Pet Profile for Pet(s)

Clients Name

Date completed/updated

Address

Email address

Address 2

Pet 1 Name

Age

Birth date

Sex M/F

Altered Y/ N

Breed

Pet 2 Name

Age

Birth date

Sex M/F

Altered Y/ N

Breed

Descriptions:

1: _____

2: _____

Instructions : Type Amount How Mixed Feeding Schedule

Food 1: _____

Food 2: _____

Favorite Activities /Treats/ Toys / Words: _____

Medications and instructions to administer: _____

Any restrictions regarding activity: _____

Are Vaccinations Current: Yes _____ No _____ (please attach copy of current vaccinations)

If no please explain: _____

Dog Personality toward Strangers and Dogs, **Mark all that apply with X/X:**

	Dog 1		Dog 2	
	Strangers	/	Strangers	/
	Dogs		Dogs	
Calm	_____		_____	
Indifferent	_____		_____	
Excited	_____		_____	
Friendly	_____		_____	
Anxious	_____		_____	
Scared	_____		_____	
Ever Bitten	_____		_____	

	Yes	No
Aggressive with food or toys	_____	_____
Comfortable on leash	_____	_____
Prey drive	_____	_____
Housetrained	_____	_____

Is your dog(s) an escape artist(s): Yes _____ No _____ If yes please explain:

Any other information you would like to share:

How did you hear about Pork Chop's Way: _____

I certify that all of the above information is true and correct to the best of my knowledge, and that I will notify (Pork Chop's Way) of any changes to the above prior to the start of any Service Period.

Client signature

Date