

Dog Personality Profile

We want your dog to have a wonderful time at Second Home Pet Resort! Please help us get to know your dog by sharing with us his or her history and personality traits so that we may give your dog the best experience possible.

Thank you for giving us the privilege of caring for your dog!

| Owner Information | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|--|--|
| Owner Name P | Phone Email | | | |
| Pet Profile | | | | |
| Dog Name B | Breed | | | |
| Gender Spayed or Neutered? | Date of Birth or Age Years Owned | | | |
| If owned less than one year, what do you know of his/her history? | | | | |
| If staying with another similar-looking dog, how can we best tell them apart? | | | | |
| Handling (check all that apply): | | | | |
| Good on leash Pulls on leash May snap if nervous Not of ls your dog uncomfortable being handled any certain way, or sensitive to touch (i.e doesn't like feet touched, etc.)? | OK being picked up Has been to training Difficult to handle | | | |
| | | | | |
| Human Interaction (check all that apply): | | | | |
| Loves everyone Dislikes men Dislikes women Protective of owner Good guard dog Likes being cuddled Shy Nervous | | | | |
| Ever bitten/tried to bite a person? Please explain. | | | | |
| Animal Interaction (check all that apply): | | | | |
| Chases cats or smaller animals Goes to dog parks Likes other dogs Doesn't like to share toys Disinterested | | | | |
| Has not met many strange dogs Has met many strange dogs | Dislikes other dogs Nervous around other dogs Plays rough | | | |
| Ever bitten/tried to bite another animal? Please explain. | | | | |
| We will occasionally allow dogs who appear to be compatible, are spayed/neutered, and have no known history of negative interactions with other dogs to interact off-leash in order to enrich their resort experience. Do we have your permission to do so? | | | | |
| Eating Habits (check all that apply): | | | | |
| Finicky eater Eats really fast Food-aggressive with other | family dogs Always finishes meals Free-feeds | | | |
| Can your dog have special treats (ex. peanut butter kongs, chicken broth | ice cubes) or plush toys? | | | |
| If you need to give your dog a pill, what works best for you? | | | | |

| Eating Habits (continued: | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Special feeding notes: | | | | |
| Other Personality Traits, Preferences, and Habits (check all that apply): | | | | |
| Easy going Barks a lot Pushy/demanding Clingy Has separation anxiety Doesn't settle down easy Digs Confident Playful Used to lots of exercise Likes going to new places "Marks" territory Tears things up when upse Likes water Lots of energy Likes car rides Affectionate Tries to escape Eats rocks or plants Aloof/Independent Hates water Hates car rides Scared of loud noises Tears up walls/furniture Has consumed fabric Sometimes crabby How does your dog react when afraid? | | | | |
| Medical Conditions (check all that apply, describe, and bring related vet records or other information so that we may provide proper care): | | | | |
| Chronic medical condition | | | | |
| If diabetic and not eating, what do you use to entice him/her to eat? | | | | |
| Recent surgery or procedure | | | | |
| Recent vet visit for illness | | | | |
| Takes medication | | | | |
| Allergies? To what? | | | | |
| Experiences seizures | | | | |
| Chronic pain or difficulty moving | | | | |
| Is there anything else you think would be helpful for us to know about your dog? | | | | |

Signature

The information provided throughout this form is true and correct to the best of my knowledge.

| Signature | | |
|--------------|------|--|
| Printed Name | Date | |