



**HEALTHY
HOUND
PLAYGROUND**

All about Our Guest

Please complete with the help of your Guardian!

(please complete one for each dog)

Date _____

Name _____ Breed _____

Birthday _____ Age _____ Male or Female _____ Neutered? _____

Color _____ Special Markings _____

Micro-chipped (If yes, please provide ID) _____

How long have you been with your people? _____

Where did you come from: Breeder? Shelter? Rescue? Other _____

YOUR HEALTH, OUR PRIORITY

Do you have any current or past health conditions? Y/N

If yes, what are they? _____

Do you have any health concerns? Y/N

If yes, what are they? _____

Do you have any medical restrictions that will prevent/limit you from certain activities? Y/N

If yes, what are they? _____

Do you currently take any medications? Y/N Do they need to be refrigerated? Y/N

If yes, please list them & any instructions for providing: _____

Do you have any allergies? Y/N Are you allergic to Peanut Butter? Y/N

If yes, what are they? _____

Do you regularly receive flea or tick preventative treatments? Y/N Last given: _____

Do you regularly receive heartworm preventative treatments? Y/N Last given: _____

MEALTIME!

How often do you eat & around what times? _____

Brand of Dry Food _____ Brand of Wet Food _____

Quantity of Dry _____ Quantity of Wet _____

Do you add water to the food? Y/N If yes, how much? _____

Do you mix the foods together? Y/N

Any other special meal instructions? _____

Are you allowed to have treats? _____

Do you have any dietary restrictions? Y/N

If yes, what are they? _____

Are there any specific types of foods that don't sit well with your tummy? Yes / No

If yes, what are they? _____

PLEASE CIRCLE ALL THAT APPLY

Chewer Licker Jumper Escape Artist Talker Barker Runner Puller Screamer Crier Bully
Mouthy Nervous Nelly Digger Beggar Shaker Best with People Shy Party Animal Scratcher
Social Butterfly Biter Playful Outgoing Lover Marker Anxious Fear Biter Destructive Sissy
Drama Queen Opinionated Teacher's Pet Couch Potato Hyper Cuddle Bug Independent
Finicky Eater Always Ready to Eat Food Hound Picky Other _____

Can you jump or climb a 6-foot fence? Yes / No If yes, how high? _____

What percentage do you usually spend your day: Indoors ____% Outdoors ____%

How many hours: Sleeping ____ Exercising ____ Hanging with the Fam ____

How would you describe your daily activity level? Low ____ Medium ____ High ____

Where do you sleep? Crate Sofa Human's Bed Own Bed Dog House Floor Other _____

Are you housebroken or crate trained? _____

Have you been to a boarding facility before? _____

What did you like or not like? _____

Have you been to daycare before? _____

What did you like or not like? _____

Does he/she play well with others? _____

Have you ever received formal training? _____

What do you absolutely LOVE? _____

What are your dislikes? _____

Do you know any tricks or commands? _____

Do you like to run? Y/ N Go for long walks? Y/ N Go for short walks? Y/N

Are you well behaved on a leash? Y/N Do you require a harness or muzzle on your walk? Y/N

Is there any type of person, breed, size of dog, shape, sex, etc. you don't get along with? _____

If so, what do you do? _____

How do you react to strangers? _____

Is there something(s) that frightens you? _____

If yes, what happens? And how does your parent comfort you? _____

Are there any areas of your body that you don't like to be touched? Y/N

If yes, Where? _____

Have you ever bitten another person or animal before? Y/N

If yes, what happened? _____

Are you possessive or aggressive with your: House Yard Bed Food Water Toys Bones Treats
Family Other _____

If yes, what happens? _____

Anything else that we should know about you? _____