

## Canine Boarding Profile



*Bartels Busack Pet Hospital  
Resort & Spa*  
6270 State Road  
Parma, OH 44134  
440-845-7141



### Client/Pet Information

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Cell

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Cell Emergency

E-mail: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Male Female Spayed/Neutered

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Dog's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Has your dog lived with you for less than a month? Yes No

Emergency Contact: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Number

Veterinarian's Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
Number

Veterinarian's Address: \_\_\_\_\_



### Diet and Nutrition

Will you bring your dog's food the Resort and Spa? Yes No

If not, please circle the type of food you would like us to feed your dog? Purina Pro Plan Chicken and Rice /  
Purina Veterinary Diet E/N (Intestinal Diet)

How many meals per day would you like your dog to be fed? 1x per Day / 2x per Day / 3x per Day  
How much food should be given at each feeding? \_\_\_\_\_

Has your veterinarian recommended your pet lose weight? Yes No

While your pet is at the resort, would you like us to initiate a healthy weight loss program, which would be  
continued at home. Yes No



## Canine Boarding Profile

### Medical

Is your dog allergic to any type of food?    Yes    No

If yes, please describe the allergy and the reactions: \_\_\_\_\_

Is your dog allergic to any medications?    Yes    No

If yes, please list the medication(s) and describe the reaction(s): \_\_\_\_\_

Does your dog have any old or current injuries or health concerns?    Yes    No

If yes, please explain: \_\_\_\_\_

Is your dog taking any medication(s)?    Yes    No

If yes, please name the medication(s) and the reason(s): \_\_\_\_\_

Does your dog engage in any unusual or repetitive behaviors?    Yes    No

If yes, please explain: \_\_\_\_\_



### Behavior/Attitude

Is your dog house trained?    Yes    No    Puppy Pads

Has your dog had any obedience training?    Yes    No    If yes circle one: At Home / Class / Professional Trainer

Describe your dog's activity level: Low / Medium / High

How would you describe your dog's demeanor while riding in a car?    Enjoys / Dislikes / Neutral

Does your dog defecate or vomit while riding in a car?    Yes    No

Would you like information on how to prevent car sickness?    Yes    No

Does your dog normally ride in a crate while in the car?    Yes    No

At feeding times, your dog eats:    Fast / Slow

Have you ever boarded your dog before?    Yes    No

## Canine Boarding Profile

If yes, please describe your dog's experience: \_\_\_\_\_



Has your dog ever bitten a person?    Yes    No

If yes, please explain: \_\_\_\_\_

Has your dog ever bitten another dog?    Yes    No

If yes, please explain: \_\_\_\_\_










### Attributes

-  Fence Climber
-  Digger
-  Jumps
-  Protective
-  Mouthy
-  Fear of Noises/Thunder
-  House Trained
-  Paper/Litter Trained
-  Afraid of Men
-  Other:

### Personality

-  Outgoing
-  Verbally Sensitive
-  Timid/Submissive
-  Affectionate
-  Pushy
-  Aggressive
-  Excitable
-  Playful
-  Independent/Confident

### Behavior

-  Will bite
-  May bite
-  Growls
-  Snaps
-  Shows teeth
-  Freezes
-  Hides in new settings
-  Move from strangers
-  Well Behaved

*Check all that apply*

### My Dog:

- Grabbing Collar
- Getting Hugs
- Being Brushed
- Being around other dogs/cats
- Being touched while sleeping
- Being touched on ears
- Being touched on paws
- Being touched on mouth
- Being touched on tail
- Having nails clipped

### Likes



### Dislikes



### Plays Best with:

-  No Dogs
-  Big Dogs
-  Little Dogs
-  Older Dogs
-  Younger Dogs
-  Puppies