

Camelot Kennels, Inc.

Pet Profile

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ E-mail Address: _____

Pet's Name: _____ Breed: _____ Age: _____

Sex: _____ Spayed/Neutered: Y/N

If your female dog is not spayed, is she in heat? Y/N

Other Pets in Household:

Veterinarian Information and Physical Health

Vet Office's Name: _____

Address: _____

Telephone: _____

Your dog must have current vaccinations for the following:

- Rabies
- DHLPP (Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvovirus)
- Bordatella (Kennel Cough)

Please Attach or bring a copy of your vaccination records with you.

Do you use a flea/tick preventative program? Yes No Type _____

Does your dog have any allergies? Yes No Describe _____

Does your dog require medication? Yes No Describe _____

Is your dog Diabetic (requiring insulin injections? Yes No Describe _____

Does your dog have any physical ailments that may cause discomfort? Yes No

Describe _____

General Information

Is your dog housebroken? Yes No

Has your dog attended or received basic obedience training? Yes No

Circle any of the following commands your dog knows:

Sit Down Stay Come Heel Off

Does your dog have a quiet command? Yes No Describe _____

Does your dog do any of the following at home (please circle all that apply):

Chewing Nipping Running Away Jumping Excessive Barking
Digging Growling Ignoring Commands Pulling on Leash Shy Away

Other problems? _____

Is there anything in particular that frightens your dog? _____

Is there anything that over-excites your dog? _____

Is your dog protective of his food or treats? Yes No

Is your dog protective of his crate or bed/resting area? Yes No

Are there any places your dog doesn't like to be touched? Yes No

If yes, how do you know? Please describe _____

Where is your dog's favorite spot to be petted? _____

Any other concerns: _____

People Socialization

How does your dog react to strangers? _____

Has your dog ever growled or snapped at ANY person? Yes No

If yes, please describe the circumstances: _____

Has your dog ever bitten (made contact with teeth) ANY person? Yes No

If yes, please describe the circumstances: _____

Other Dogs

How does your dog react when he/she sees another dog? _____

How does he/she react when actually approached by another dog? _____

Has your dog ever been in an fight with another dog? Yes No

If yes, please describe the circumstances: _____

Has your dog ever WOUNDED another animal in ANY way? Yes No

If yes, please describe the circumstances: _____