

Owners Name: _____ Pets Name: _____

Breed: _____ Color: _____

THE DOG EAZE INN PERSONALITY PROFILE		
<i>COMPLETE A PROFILE FOR EACH PET TO BE STAYING AT THE DOG EAZE INN, RESPONSES ASSIST US IN PROVIDING HIGH QUALITY CARE FOR YOUR PET(S) DURING THEIR STAY. THERE IS NO RIGHT OR WRONG ANSWERS AS ALL PETS ARE UNIQUE. PLEASE TYPE OR PRINT CLEARLY.</i>		
	YES	NO
1. Has your pet ever stayed at a lodging facility or veterinarian previously? If yes, were any problems or concerns noted during or after the stay, please explain:		
2. Is your pet on a flea/tick control and prevention program? If yes, which product do you use:		
3. Does your pet have any allergies? If yes, please explain:		
4. Does your pet have any physical disabilities? Please explain disability & cause: If answered yes, what restrictions need to be placed on your pet's activities or movements? <input type="checkbox"/> No jumping <input type="checkbox"/> No running <input type="checkbox"/> No hard play <input type="checkbox"/> No contact with other pets <input type="checkbox"/> None at this time <input type="checkbox"/> Other (Please explain):		
5. Are there any particular types of people your pet seems to automatically fear or dislike? If yes, please explain:		
6. Has your pet ever growled at someone? If yes, what were the circumstances and how did you respond?		
7. Has your pet ever bitten someone? If yes, what were the circumstances and how did you respond?		
8. Has your pet ever shown aggression towards other animals? If yes, please explain:		
9. Has your pet ever climbed/jumped a fence? If yes, what were the circumstances?		
10. Is your pet frightened by thunderstorms? If yes, describe typical behavior & what specifically helps your pet's fear.		
11. Is your pet frightened by any other noises? If yes, what noises?		
12. Is your pet frightened of or nervous about anything else? If yes, please explain.		
13. Does your pet play with any toys? If yes, what kinds of toys do your pet like?		

	YES	NO
14. Has your pet ever growled or snapped at anyone who has taken his/her food or toys away from him/her? If yes, what were the circumstances and how did you respond?		
15. Does your pet know any commands (please check all that apply) <input type="checkbox"/> Sit <input type="checkbox"/> Stay <input type="checkbox"/> Down <input type="checkbox"/> Come <input type="checkbox"/> Heel <input type="checkbox"/> Rollover <input type="checkbox"/> Kisses <input type="checkbox"/> High Five <input type="checkbox"/> Other:		
16. Do you walk your dog on a regular basis? If what type of collar do you use to walk your pet? <input type="checkbox"/> Buckle <input type="checkbox"/> Nylon/Chain Sliding Ring <input type="checkbox"/> Harness <input type="checkbox"/> Head Collar <input type="checkbox"/> Prong/Pinch <input type="checkbox"/> Other:		
17. Is it effective in keeping them under control?		
18. Has your pet ever gotten away from someone when out for a walk? If yes, please explain circumstances:		
19. Has your pet ever escaped from your house or yard? If yes, please explain circumstances:		
20. Does your pet have a command to go to the bathroom? If yes, what is the command?		
21. Does your pet have any digestive or elimination habits or related issues or concerns? If yes, please explain:		
22. Do you currently have any issues with your pet chewing on appropriate items, digging, climbing, jumping or being destructive? If yes, please explain circumstances:		
23. Is your pet crate trained?		
24. Does your pet show any signs of separation anxiety? If yes please explain:		
24. Does your pet bark/meow excessively? Is this his/her normal behavior?		
25. Do you exercise your pet on a regular basis, If yes please describe your pets activity level <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Other:		
Other Information or comments about your pet(s) that you feel might be helpful:		