

THE PAW RESORT AND WELLNESS CENTRE  
Box 17 RR#3  
Brandon, Manitoba  
R7A 5Y3  
Ph: 204-729-9943  
[www.thepawresortandwellnesscentre.com](http://www.thepawresortandwellnesscentre.com)



Please take a few minutes to complete this Profile for your pet, one per pet please. It will help us understand your pet's background, personality and special needs so we can make their visit at The Paw Resort and Wellness Centre as safe and as comfortable as possible. Thank you for your time and cooperation.

### CLIENT PROFILE

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact(s): In the event of an emergency who do we contact first?

You  Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Others authorized to pick-up my pet \_\_\_\_\_

Veterinary Clinic of Record \_\_\_\_\_

My Veterinarian \_\_\_\_\_

Clinic Address \_\_\_\_\_ Phone \_\_\_\_\_

### GUEST PROFILE

Pet Guest's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Dog  Cat Breed \_\_\_\_\_ Color \_\_\_\_\_

Male  Neutered  Female  Spayed Weight \_\_\_\_\_

Birth date \_\_\_\_\_ How long have you had this pet? \_\_\_\_\_

This pet is from:  Rescue  Store  Breeder  Stray  Other \_\_\_\_\_

Professional Obedience Education:  None  In-Home  Group Classes  Private Lessons

Has this pet ever been boarded before?  Yes  No If no, why? \_\_\_\_\_

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

Has this pet ever been to day care before?  Yes  No If no, why? \_\_\_\_\_

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

### PERSONALITY PROFILE

Check all that apply:

#### ATTRIBUTES

- Fence jumper
- Fence climber
- Digger
- Jumps
- Protective
- Mouthy
- Paper/litter trained
- Independent

#### PERSONALITY

- Outgoing
- Verbally sensitive
- Timid
- Affectionate
- Pushy
- Aggressive
- Excitable
- Playful

#### BEHAVIOR

- Will Bite
- May bite
- Snaps
- Shows teeth
- Freezes
- Trembles
- Moves away
- Inappropriate chewing

#### MY PET:

- |                              |                                |                                   |
|------------------------------|--------------------------------|-----------------------------------|
| Grabbing collar              | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Getting hugs                 | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being brushed                | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being around other dogs/cats | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being touched while sleeping | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being touched on ears        | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being touched on paws        | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being touched on mouth       | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being touched on tail        | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Having nails clipped         | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being in a crate             | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |
| Being around children        | <input type="checkbox"/> Likes | <input type="checkbox"/> Dislikes |

#### PLAYS BEST WITH:

- No dogs
- Big dogs
- Little dogs
- Older dogs
- Younger dogs
- Puppies
- Other cats

Does your pet engage in any unusual or repetitive behaviors?  Yes  No If yes please explain (include examples): \_\_\_\_\_

Has your pet ever bitten a person?  Yes  No If yes please explain: \_\_\_\_\_

Has your pet ever bitten another pet?  Yes  No If yes please explain: \_\_\_\_\_

Has your pet ever growled/hissed at someone?  Yes  No If yes, what were the circumstances? \_\_\_\_\_

Are there any particular types of people your pet seems to fear or dislike?  Yes  No If yes, please explain: \_\_\_\_\_

Is your pet an escape artist?  Yes  No If yes, please explain: \_\_\_\_\_

Is your pet frightened of thunderstorms/loud noises?  Yes  No If yes, please describe what happens and how do you sooth your pet's fear: \_\_\_\_\_

Does your pet have any allergies?  Yes  No If yes, please describe: \_\_\_\_\_

Does your pet have any bathroom related issues or concerns?  Yes  No If yes, please explain: \_\_\_\_\_

Does your pet have any physical disabilities?  Yes  No If yes, please describe the disability and any physical restrictions you would like to have enforced: \_\_\_\_\_

Does your pet have any pre-existing medical conditions?  Yes  No If yes, please describe and advise of any medication used to control the condition (please include name and dosage): \_\_\_\_\_

Please provide details of your pet's diet – type (brand, kibble, canned, daily intake, etc): \_\_\_\_\_

Describe you pet's activity level: \_\_\_\_\_

Does your pet have any sensitive areas on his/her body?  Yes  No If yes, where? \_\_\_\_\_

Where are your pet's favorite petting spots? \_\_\_\_\_

**FOR DOG OWNERS ONLY**

Check one from the following; the level of socialization that best describes your dog's routine:

- None- No knowledge of other dog interaction
- Minimal- On lead encounters only
- Moderate- Some off-lead playtime on occasion with friend's/visitor's dog(s)
- Extensive- Regular visits to dog social events, daycare etc.

Are there any types and/or breeds of dogs your pet seems to automatically fear or dislike?  Yes  No If yes, please explain: \_\_\_\_\_

How does your dog react to another dog approaching it in a park or on a walk? \_\_\_\_\_

Does your dog play with other dogs?  Yes  No If yes, please describe size, breed and temperament of the other dogs? \_\_\_\_\_

- Male and Females
- Only Males
- Only Females

What kinds of games does your dog like to play with people? \_\_\_\_\_

What kind of games does your dog like to play with other dogs? \_\_\_\_\_

Has your pet ever growled or snapped at anyone who has taken his/her food or toys away from him/her?  
 Yes  No If yes, please explain: \_\_\_\_\_

**ACKNOWLEDGEMENT**

I certify that the above information is accurate to the best of my knowledge. I also understand that if any of the above information requires updating, I will provide an updated BOARDING GUEST PROFILE.

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_