

Canine Connection Pet Profile

The Pet Profile is designed to assist Canine Connection in understanding your dog's history, personality and temperament. Please fill out one form for each dog in your family.

Owner (1) : _____ **E-mail Address:** _____

Home Phone #: _____ **Office #:** _____ **Mobile#:** _____

Street Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Owner (2) : _____ **E-mail Address:** _____

Home Phone #: _____ **Office #:** _____ **Mobile#:** _____

Emergency Contacts (other than a household member)

Name: _____ **Phone :** _____

Name: _____ **Phone :** _____

Name: _____ **Phone :** _____

How did you hear about Canine Connection? _____

If you are a referral from an existing Canine Connection client, please tell us who recommended us to you? _____

Dog Information

Name:	Date of Birth:	Sex:
Breed & Color:	Weight:	Spay/ or Neutered: Yes or No
Microchip: Yes or No	Number:	
Distinctive Markings:		

Veterinarian Information

Vet. Office Name:	Dr's Name:
Vet. Address:	Phone:

Vaccinations

	<u>Date Received</u>	<u>Next Vaccination Due Date</u>
DHLPP /CV5:	_____	_____
Bordatella:	_____	_____

4920 Tchoupitoulas St., New Orleans, La. 70115
 Phone (504) 218-4098 • Fax (504) 218-4887

Rabies:

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Your Dog's History

How many years has your dog been in your life? _____

How & where did you acquire your dog? _____

If adopted, do you have any knowledge of your dog's history? _____

Has your dog been to a dog park and/or played in other larger groups of dogs? _____

If yes, how did they behave in that social setting? _____

Has your dog ever been to dog daycare? _____ If so, how did he/ or she do? _____

Has your dog ever boarded overnight? _____ If so, how did he/ or she do? _____

What kind of back yard/ park/ or walks are used for potty breaks outside the home? _____

Your Dog's Health

How is the overall health of your dog? _____

What is your dog's largest health issue, and how this issue handled? _____

Does your dog have hip dysplasia? _____

Does your dog have any allergies? If so, what are they? _____

Does your dog have any sensitive areas on his/her body? _____

Are there any other health issues we should be aware of? _____

What restrictions need to be placed on your dog's activities ? _____

Can your dog go up and down stairs? _____

How does your dog react to having his/her nails clipped? _____

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Your Dog's Behavior

Has your dog ever bitten someone? _____ If "yes", what were the circumstances? Any re-occurring issues? _____

Has your dog ever bitten another dog? _____ If "yes", what were the circumstances? Any re-occurring issues? _____

Does your dog act afraid of any specific items or noises? If so, please explain: _____

Does your dog bark or growl at people passing outside your house or yard or are they not interested? _____

Does your dog like to be brushed? Where? _____

Are there any kinds of people that your dog automatically fears or dislikes? _____

How does your dog react to puppies? _____

Does your dog have problems in any of the following areas? If so, please explain the problem.

Mouthiness: _____

Housetraining: _____

Barking: _____

Digging: _____

Jumping: _____

Eating Foreign Objects or Feces: _____

Escaping: _____

Other: _____

Rate your dog's energy level "1" being very mellow and "10" being hyper. _____

What type of sounds does your dog make when he/she plays? _____

Has your dog ever growled or snapped at anyone for taking his/her food or toys away? _____

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Does your dog play with toys? _____ If yes, what are his/her favorite toys? _____

What kind of games does he/she like to play (rope tug of war, fetch, etc)? _____

My dog plays with other non-family dogs "x" times each week? (Circle One) 1-2 2-3 3-5
5+ times/wk

Has your dog had any formal obedience training? _____

What word or saying do you use for "potty"? _____

Can your dog have treats? _____

Is there anything else you would like to tell us about your dog that will ensure he/ or she has a wonderful time with their four-legged friends at Canine Connection?
