

Waggin' Tails Doggy Daycare & Hotel

Pooch's Profile

Tell us about your best friend!...

Name: _____

Breed: _____

Sex (m/f): _____

Neutered/Spayed: _____

Date of Birth or Approx. Age: _____

Color: _____

Identifying Marks: _____

Odd lumps/scars: _____

Medications/Foods

Name of Medication: _____

Reason for use: _____

Times/Day: _____

Any Medical Conditions? _____

Has your dog ever had a seizure? _____

Does your dog have hip dysplasia? _____

Allergies: _____

Dietary Restrictions: _____

What food does your dog eat? _____

Has your dog been ill in the last 30 days? _____

Pooch's Origin

How old was your dog when he came home? _____

How/where did you get your dog? _____

Pooch's Habits

Does your dog tolerate being brushed? _____

Are there any sensitive areas on your dog? _____

How active is your dog? _____