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Brewstersbarkandbed.com

DOG'S PROFILE FORM

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary: _____ Other: _____

Email: _____

Spouse/Partner: _____

Primary: _____ Secondary: _____

Emergency Contact: (please provide someone other than yourself or your spouse/partner)

Name: _____ Relationship: _____ Phone Number: _____

Please list those authorized to pick up your dog or cat:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Veterinarian:

Clinic Name: _____ Phone Number: _____

PET GUEST INFORMATION

Dog's Name: _____ Breed: _____

Weight: _____ Color: _____ Age: _____ Birthdate: _____

Check where appropriate:

Male Female Spayed Neutered Unaltered

MEDICAL HISTORY

Is your dog currently taking any medications/supplements? Yes No

NOTE: If you checked yes, you will need to fill out and sign a medication/supplementation form for each pet.

Is your dog currently on flea preventative medications? (required for all guests)

Yes No

Name of brand used: _____ Date given last: _____

Has your dog been ill in the last 30 days: Yes No

Is your dog displaying any symptoms such as coughing, sneezing, or upset stomach?

Yes No

Does your dog have any previous or current injuries or health concerns? Yes No

If yes, please explain: _____

Does your dog have any allergies? Yes No

If yes, please explain: _____

Does your dog have any physical restrictions while playing or sensitive area on the body?

Yes No

If yes, please explain: _____

Does your dog suffer from: (check all that apply)

Diabetes Heart Disease Seizures Arthritis

PERSONALITY

Has your dog ever attended a daycare or boarding facility in the past? Yes No

Has your dog ever been to a dog park? Yes No

Does your dog have a basic understanding of commands (sit, stay, down, etc)? Yes No

Is your dog housebroken? Yes No

Is your dog crate trained? Yes No

Has your dog ever bitten a person or another dog? Yes No

If yes, please explain: _____

Has your dog ever climbed/jumped a fence? Yes No

If yes, how tall was the fence: _____

Describe your dog's normal activity level: Low Medium High

Does your dog have a command to go to the bathroom? Yes No

If yes, what is the command: _____

Does your dog engage in any unusual repetitive behaviors? Yes No

If yes, please explain: _____

Does your dog have any destructive behaviors? Yes No

If yes, please explain: _____

Who does your dog tend to play best with:

No dogs Puppies Small dogs Big dogs Older dogs All dogs

Please choose one of the following regarding socialization with other dogs:

- None- Rare, if any, other dog interaction
- Minimal- On- leash encounters only
- Moderate- Some off- leash playtime with other dogs (familiar and non- familiar dogs)
- Extensive- Regular visits to dog social events such as dog play parks and daycare

How does your dog react to another dog approaching him/her in a park or on a walk?

Are there any specific dog breeds/types of dogs your pet seems to fear or dislike?

Yes No If yes, please explain: _____

Please circle all answers that describe your dog's personality:

Outgoing Verbally sensitive Reserved Aggressive Affectionate Mouthy
Protective Submissive Confident Independent Friendly Playful

Please circle all answers that describe your dog's attributes:

Jumper Biter Digger Climbs fences Fears noises Howls Active chewer
Barks excessively Likes to herd Toy aggressive Food/treat aggressive
Separation anxiety Excessive marking Excessive mounting Coprophagia (eats feces)

Please circle all that describe situations where your dog may become unfriendly:

Grabbing collar Loud noises Petting Touching paws Touching ears Touching tail
Touching while sleeping While eating Taking away toys Meeting other dogs
Meeting strangers Belly rubs Baths Being hugged Being brushed Other: _____

Does your dog have any fears (such as storms)? Yes No

If yes, please explain: _____

Is your dog microchipped? Yes No

Favorites:

What is your dog's favorite treat? _____

Please circle all that describe your dog's favorite activities:

Playing fetch Tennis ball Frisbee Walks Socializing with people
Snuggling Playing with other dogs Other: _____

Any additional information you would like to share about your dog?

How did you hear about us? _____

I, the undersigned, hereby acknowledge and agree that all the information in the Brewster's Bark & Bed Dog Profile application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter on this application for and on behalf of any other owner or representative.

Owner's Signature

Date

Owner's Printed Name