

2825 Mariposa Street, San Francisco, CA 94110 (415) 255-1170 FAX: (415) 255-1268 www.sfhoundlounge.com

Pet Name:	Date:

SF Hound LoungePet Personality Profile

Owner Information

Name(s):								
	ldress: City/State/Zip:							
Parent 1 Cell:		Parent 2 Cell:	Parent 2 Cell:					
Home Phone:		Work Phone:						
Email Address(s): (We will not	share your info	rmation.)						
Emergency Contact:								
lame:Phone:								
Basic Pet Information:								
Name:	Breed:							
Sex: Male	Female	Spay/Neutered?:	Yes	No				
Date of Birth:	Age	e: Color:						
Veterinarian Information:								
Name:	me:Phone:							
A 1.1								







In-Depth Pet Profile

Health:					
Does your dog require any restrictions due to any	medical co	onditions	?		
Does your dog have any allergies?					
Is your dog on a monthly flea medication?	Yes		No		
Does your dog have hip dysplasia, joint or back p Please explain:			Yes	No	
Training:					
Has your dog had any formal training? If so, where	e and wher	າ?			
Does your dog have an off/down command?	Yes		No _		
Does your dog have a bathroom command? Yes		No			
Is your dog crate trained? Yes No					
Are there any other commands/tricks we should k	now about?	?			
Walks:					
Do you walk your dog on any specialty leashes? ((i.e. gentle l	leader, h	arness)		
How does your dog react to people/dogs approact	hing while i	he/she is	on a walk? _		
Are there any kinds of people/dogs or sounds you					
or things when we walk your dog, so your dog's w	alk will be	enjoyabl	e!)		
Disposition:					
Has your dog ever bitten a person? If so, what we	ere the circu	umstance	es?		
How does your dog react around children?					
Does your dog growl at people or other dogs?				 	
Has your dog ever been bitten? Explain					
Miscellaneous:					
Has your dog been to any other daycares? If so, v	which ones	?			
Can we give your dog treats for positive reinforce					
What brand of food do you food your dog?					