# Friendly Paws Inn Dog Profile

Owner Name: _____ Phone: _____ Date: _____

Dog's Name: _____ Birthday: _____

Breed: _____ Color: _____ Age: _____ Sex: _____

How long have you owned your dog _____ Spayed or Neutered: _____

Has your dog socialized with other dogs (& where) _____

What's your dog's behavior when meeting new people or dogs _____

How does your dog socialize/play with other dogs _____

Has your dog ever snapped at or been in an altercation with another dog or person _____

Has your dog ever bitten (broken the skin) of another dog or human (explain) _____

_____

Does your dog destroy toys or bedding _____

Does your dog chew on or eat foreign items _____

Does your dog dig or jumped fences _____

Is your dog frightened by loud noise etc. _____

Does your dog mind bath time/water _____

Is your dog housebroken _____

Does your dog stay in a crate/cage or confined area when home alone (explain) _____

_____

How is your dog separation anxiety when you leave _____

Does your dog have any physical, health or allergy issues _____

Is your dog on medication (amounts/times given) _____

Are we allowed to give your dog treats _____

What is your dog's eating routine (times/amounts) _____

Are there any other behaviors or requirements that we should be aware of _____

_____