

# Camp Holiday Barn Pet Profile

## Pet's History

What do you know about your dog's history? Please let us know where you got your dog (breeder, shelter, foster, etc.) and any background information.

## At Home Habits

Do you crate him/her at home?	YES	NO	Additional Notes:
If yes, how long at a time?			
Which of the following best describes your dog's energy level??			
<input type="checkbox"/> Couch Potato: spends days sleeping, occasional walks/play			
<input type="checkbox"/> Mild exerciser: short daily walks/regular playtime			
<input type="checkbox"/> Moderate exerciser: long, multiple walks a day and regular playtime			
<input type="checkbox"/> Athlete: regular jogs/runs and participates in regular sports such as agility, flyball, etc.			
Has he/she climbed or jumped 4 ft fences or higher?	YES	NO	
Is he/she destructive with toys?	YES	NO	
Has he/she been through any formal training?	YES	NO	
If yes, what commands does she know?			

## Behavior Habits

Has he/she ever shown signs of aggression such as growling, snapping or biting?	YES	NO	Additional Notes:
If yes, please explain			
Does he/she allow you to take toys away without snapping at you?	YES	NO	
Which of the following best describes your dog's level of socialization with other dogs?			
<input type="checkbox"/> None: no knowledge of other dog interaction			
<input type="checkbox"/> Minimal: on-leash encounters only			
<input type="checkbox"/> Moderate: some off-leash playtime on occasion with friend's and family's dog			
<input type="checkbox"/> Extensive: regular visits to day care, dog parks, and/or dog social events			
Has he/she ever bitten another dog?	YES	NO	
If yes, please explain			
Has he/she ever bitten a person?	YES	NO	
If yes, please explain			
Has he/she attended daycare at another facility?	YES	NO	
If yes, why do you no longer attend?			
Is your dog afraid of any noises or specific items?	YES	NO	

## Health Questions

Does he/she have a history of allergies?	YES	NO
If yes, what is the allergy		
Does he/she have a history of any medical problems such as seizures, injuries, surgeries, bloat, heat stroke, etc.?	YES	NO
If yes, please explain.		
Is your pet on a flea & tick preventative?	YES	NO
Will you be providing treats or food while here?	YES	NO
Can your pet enjoy our treats while here?	YES	NO

## Training

Would you like to learn more about our training program?	YES	NO
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