

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
--	-----	----

Continued on other side