

Dog Profile



We Love animals and want your dog to have the best time possible at The 'Ohana Pet Resort (formally known as Furs and Feathers Resort). No one knows your dog better than you do so we appreciate you taking the time to fill out this profile so we can get to know them like Ohana (family). The more we know about the pets in our care, the better we can accommodate their needs to ensure they have an exceptional stay with us.

Owner Information:

Name(s): _____ Date _____

Address: _____ City _____ Zip _____

Home/Work Phone: _____ Cell Phone: _____

Email Address: _____

How Did You Hear About Us? _____

In Case Of Emergency, who do we contact if you and your Veterinarian cannot be reached? _____ Phone _____

Does Your Emergency Contact Have Authorization to pick up/drop off your pet(s)? _____

Veterinary Information:

Practice Name: _____ Vet's Name _____

Number: _____ Address: _____

Pet Information:

Dog's Name _____ Primary Breed: _____

Age: _____ Birthdate: _____ Gender: _____

Weight _____ Colors: _____ Spayed/Neutered? _____

How long have you had your pet for? _____

Where did you get your pet from? (Shelter, pet store etc.) _____

What knowledge do you have of your pet's past history? _____

Health History:

Is your dog currently on flea/tick control and prevention medications? ☐ Yes ☐ No

Name of Brand(s): _____ Last date Taken: _____

Does your dog take any medications? ☐ Yes ☐ No

If yes, please fill out the following:

Medication Purpose: _____

Regular dosage & schedule: _____

Do you have a special way of administering? _____

Does your dog have any allergies? ☐ Yes ☐ No

If yes, please Explain: _____

Does your dog have any physical disabilities? ☐ Yes ☐ No

If yes, Please explain disability and cause: _____

Does your dog have any medical conditions or past/present injuries? ☐ Yes ☐ No

If yes, Please explain: _____

Dog Behavior:

Has your dog ever been boarded before? ☐ Yes ☐ No

If yes, how would you describe their experience? _____

Has your dog attended dog daycare before? ☐ Yes ☐ No

If yes, How would you describe their experience? _____

Which of the following best describes your dog's level of socialization with other dogs?

- ☐ None- No knowledge of other dog interaction
☐ Minimal- on leash encounters only or only with siblings
☐ Moderate- Some off-leash playtime on occasion with visitor's/Friend's Dog(s)
☐ Extensive- Regular visits to dog daycare, dog parks, and/or dog social events

What commands does your dog know? (Please check all that apply)

☐ Sit ☐ Stay ☐ Down ☐ Come ☐ Heel ☐ High Five/shake ☐ Other: _____

Is your dog house Trained? ☐ Yes ☐ Yes, but urinates when scared/excited ☐ No

Has your dog ever bitten a person? ☐ Yes ☐ No

If yes, please explain the
circumstances: _____

Has your dog ever bitten another dog? ☐ Yes ☐ No

If yes, please explain the
circumstances: _____

Please check all that Describes your dog's characteristics:

- ☐ Food/ treat aggressive ☐ Toy aggressive ☐ Digger ☐ Excessive barker ☐ Jumper ☐ Like to Chase
☐ Coprophagia (eats poop) ☐ Loves Treats ☐ Ignores commands ☐ Bolts when doors are open

Any additional comments or information about your dog that you feel might be helpful? _____

By signing below I acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge.

Signature of Owner: _____ **Date:** _____