



Doggie Day Inn
 Boarding Kennel & Training Center
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Personality Profile

Owner's Name: _____

Dog's Name: _____ Nick Name: _____

Breed or Mix: _____

Date of Birth: _____ Sex: M or F

Spayed/Neutered: Y or N If yes, at what age? _____

How long have you owned your dog? _____

Where did you get your dog? _____

If adopted, do you have knowledge of past history? Please describe _____

Number of adults in household? _____ males: _____ females: _____

Number of children in household? _____ males: _____ females: _____

Other animals in household? Y or N

Species	Breed	Sex	Spayed/Neutered	Age
		M or F	Y or N	
		M or F	Y or N	
		M or F	Y or N	
		M or F	Y or N	

How does your dog get along with other animals in your household? _____

Has your dog ever attended daycare? Y or N

If yes, where? _____

How does your dog react in the following circumstances?

Around strangers in your home _____

Around children _____

Around puppies _____

Around delivery people _____

When you leave home _____

When you return home _____

Out on a walk _____

When another dog approaches _____

Off leash or at a dog park _____

How many times per week is your dog walked? _____

Duration of walks _____

How much time do you spend with your dog daily? _____

List activities you share _____

What are some of your dog's favorite things to do? _____

Does your dog have a favorite toy? _____

Does your dog have a favorite treat? _____

How does your dog let you know he/she needs to go to the bathroom? _____

Under what circumstances does your dog exhibit the following behaviors?

Barking _____

Growling _____

Jumping _____

Digging _____

Biting/Mouthing _____

Destructive Chewing _____

Eliminating in the house _____

Eating Feces _____

Runs away _____

Separation anxiety/Depression _____

Has your dog ever bitten anyone? Y or N

Please describe _____

Is your dog afraid of anything (i.e. thunder, large dogs, water, loud noises, etc.) or have

a nervous personality? _____

If so, how does your dog react? i.e. shakes, pees, etc. _____

Does your dog ever share toys or food with other animals in the household? Y or N

If yes, please describe _____

Does your dog have any play or game preferences? _____

Has your dog been to obedience training? Y or N

If Yes, with whom? _____

What commands does your dog know? _____

What kind of collar do you use when walking your dog? _____

Does your dog know any hand signals? _____

Does your dog have a bathroom command? _____

Does your dog have a play command? _____

Does your dog have a quiet command? _____

Is your dog crate trained? _____

Does your dog live inside or outside? _____

Do you have a fenced in yard? _____

Does your dog have any routines we should be aware of? _____

Does your dog have any physical ailments that would restrict or prevent him/her from normal play? Please describe. _____

Please include any information you feel would assist us in providing your pet with the best possible experience. _____
