

**Nambeelup  
Dog  
Retreat**



**PET PROFILE**

**DOG DETAILS:**

Pet's Name(s)

Breed

Male / Female

Age

Date of Birth

Weight

Colour

Desexed

Vaccinated

Microchipped

Microchip Number

**Copies of Certificates to be supplied:**

Vaccination

Kennel Cough

Desexing (if applicable)

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**OWNER DETAILS:**

Name(s)

Address

Mobile #

Home #

Work #

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**BANK TRANSFER DETAILS:**

Nambeelup Dog Retreat

ANZ Bank

BSB: 016-742 Acct: 404849537

**EMERGENCY CONTACT DETAILS:**

Name(s)

Address

Mobile #

Home #

Work #

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**FEEDING ROUTINE:**

Brand of Food

Brand / Type of Treats

Food Allergies?

If Yes, What are the allergies?

Food Aggression?

If Yes, What happens?

QTY of Meals/day?

What are the usual meal times & amounts?

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**TEMPERAMENT / GENERAL:**

Is your dog social with other dogs?

How does your dog react to strangers?

Lead Aggression?

If Yes, What happens?

**Is your dog scared of:**

Thunder?

Loud Noises?

Lightening?

How do you calm your dog if they are scared?

**Does your dog:**

Jump up when greeted?     Ever bitten anyone?     Jump Fences?     Ever been in a fight?

**Does your dog respond to basic commands:**

Sit     Stay     Come     Wait

Other Commands?

**Does your dog have any sensitive areas on their body?**

Y / N    If Yes, Where?  
   

**Does your dog like:**

being Washed?     being Brushed?     being Blow Dried?     having Nails Trimmed?

**Does your dog have any medical conditions?**

Y / N    If Yes, What are they?  
   

**Does your dog have regular treatments for:**

Fleas/Ticks?    How Often?    Brand?  
       

Heartworm?    How Often?    Brand?  
       

Intestinal Worms?    How Often?    Brand?  
       

Fish Oil?    How Often?    Brand?  
       

Any other medications?

Client's Signature:

Date: