



845 Taylor Road  
Port Orange, FL 32127

# Guest Personality Profile (CANINE)

We want your dog to have a wonderful time at The Place For Pets! Please help us get to know your pet by sharing with us his/her history and personality traits. This information will allow us to give your dog (our guest) the best experience possible. You may email the form back to [reservations@tpfplove.com](mailto:reservations@tpfplove.com) or drop it off at The Place For Pets reception.

Thank you for giving us the privilege of caring for your special pet.

## OWNER INFORMATION

OWNER NAME:	ADDRESS:
TELEPHONE NUMBER:	EMAIL:
VETERINARIAN :	VET TELEPHONE NUMBER:

## GUEST PROFILE

PET NAME:	BREED:	GENDER:
SPAYED or NEUTERED?	DATE OF BIRTH/AGE:	YEARS OWNED:

## HANDLING (CHECK ALL THAT APPLY)

(TO CHECK, DOUBLE CLICK DESIRED CHECK BOX AND SELECT "CHECKED" FROM "FORM FIELD OPTIONS BOX")

GOOD ON LEASH	PULLS ON LEASH	A LOOF/INDEPENDENT
DIFFICULT TO HANDLE	HAS BEEN TO TRAINING	NOT OK TO BE PICKED UP

Is your dog uncomfortable being handled in any certain way or sensitive to touch? (i.e. Doesn't like feet touched, etc.) \_\_\_\_\_

## HUMAN INTERACTION (CHECK ALL THAT APPLY)

(TO CHECK, DOUBLE CLICK DESIRED CHECK BOX AND SELECT "CHECKED" FROM "FORM FIELD OPTIONS BOX")

LOVES EVERYONE	PROTECTIVE OF OWNER	GOOD GUARD DOG
AGGRESSIVE	LOVES BEING CUDDLED	

Ever bitten and/or tried to bite a person? Please explain. \_\_\_\_\_

## ANIMAL INTERACTION (CHECK ALL THAT APPLY)

(TO CHECK, DOUBLE CLICK DESIRED CHECK BOX AND SELECT "CHECKED" FROM "FORM FIELD OPTIONS BOX")

CHASES CATS/SMALLER ANIMALS	DISLIKES OTHER DOGS	LIKES OTHER DOGS
SCARED OF OTHER DOGS	DOES NOT SHARE TOYS	DISINTERESTED

Ever bitten and/or tried to bite another animal? Please Explain. \_\_\_\_\_

## POTTY HABITS (CHECK ALL THAT APPLY)

(TO CHECK, DOUBLE CLICK DESIRED CHECK BOX AND SELECT "CHECKED" FROM "FORM FIELD OPTIONS BOX")

On what surfaces is your dog comfortable eliminating/going potty?

GRASS	ROCKS	CONCRETE	ANYWHERE
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**EATING HABITS (CHECK ALL THAT APPLY)**  
 (TO CHECK, DOUBLE CLICK DESIRED CHECK BOX AND SELECT "CHECKED" FROM "FORM FIELD OPTIONS BOX")

FINICKY EATER      EATS REALLY FAST      FOOD AGGRESSIVE WITH OTHER DOGS

We find that dogs do best during their stay with us by eating the same food they eat at home. We require you to bring your dog's food from home (portioned if dry food). Please provide feeding instructions.

NAME/TYPE OF FOOD	MORNING FEED TIME	A.M.	QUANTITY
NAME/TYPE OF FOOD	EVENING FEED TIME	P.M.	QUANTITY

Special Feeding Instructions: \_\_\_\_\_  
 \_\_\_\_\_

**OTHER PERSONALITY TRAITS, PREFERENCES AND HABITS (CHECK ALL THAT APPLY)**  
 (TO CHECK, DOUBLE CLICK DESIRED CHECK BOX AND SELECT "CHECKED" FROM "FORM FIELD OPTIONS BOX")

EASY GOING	PUSHY DEMANDING	BARKS A LOT	LOTS OF ENERGY	CLINGY
CONFIDENT	SHY	DIGS	SOMETIMES CRABBY	USED TO LOTS OF EXERCISE
LIKES WATER	"MARKS" TERRITORY	TRIES TO ESCAPE	SCARED OF LOUD NOISES	
SEPARATION ANXIETY	HATES WATER	LOVES WATER	AFFECTIONATE	PLAYFUL      NERVOUS

How does your dog react when afraid? \_\_\_\_\_

What is your dog's #1 "bad habit" that you wish you could change? \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL CONDITIONS (check all that apply, describe and bring related vet records or other information so that we may provide proper care.)**  
 (TO CHECK, DOUBLE CLICK DESIRED CHECK BOX AND SELECT "CHECKED" FROM "FORM FIELD OPTIONS BOX")

- Chronic Medical Condition \_\_\_\_\_
- Recent surgery or procedures \_\_\_\_\_
- Recent vet visit for illness \_\_\_\_\_
- Takes Medication \_\_\_\_\_
- Experiences seizures \_\_\_\_\_
- Chronic pain or difficulty moving \_\_\_\_\_