



Guest Profile

A Guest Profile provides a detailed picture of the unique needs of each guest and their parent. So we may exceed customer and community expectations, and ensure a safe environment for guests, staff, and neighbors, all fields on this form are required to be answered thoroughly. Please print in blue or black ink. Thank you.

Guest Information

First Name _____ Last Name _____

Nickname(s) _____

Breed _____ Sex M F neutered spayed intact

Age and Birth date ____ _____ Weight _____

Microchip or Tattoo information _____

How long have you been with your parents? (e.g. since a puppy/kitten) _____

Did you know your birth parents or were you adopted? _____

If adopted, what do your parents know about your past? _____

Have you stayed at other day care facilities, if so, where? _____

Why did you leave? _____

Health

Veterinarian Name _____

Address _____

City _____ State ____ Zip Code _____ - _____

Phone () ____ - _____ Cell () ____ - _____ Fax () ____ - _____

Email _____@_____

Emergency Vet _____

Address _____

City _____ State ____ Zip Code _____ - _____

Phone () ____ - _____ Cell () ____ - _____ Fax () ____ - _____

Email _____@_____



Do you have any health issues of which we should be aware (please describe)? _____

Do you have medications you are taking we should be aware of or need to administer?

Do you suffer from any allergies? If so, please describe both the cause and the symptoms.

What flea and tick prevention do you use? _____

What heartworm prevention do you use? _____

What type of food do you eat? _____

What time(s) during the day _____

How much do you eat? _____

Do you have a sensitive stomach? _____

Are you allowed to try other pet food, while staying at Bark Place? _____

Are you allowed to eat treats while you're here? _____

Are there treats you should avoid? _____

What time(s) of day do you usually poop? _____

Do you have any sensitive areas of which we should be aware (e.g., ears, paws, etc)? _____

What spots do you especially like to have petted or rubbed? _____

How do you react to having your nails trimmed? _____

How do you react to getting a bath? _____

How do you react to having your ears cleaned? _____

Do you like to be brushed and any places to avoid? _____



Home Life

Who lives in your home and how old are they (please include anybody who breathes air, human and other wise)?

Name	Species	Age	Sex
_____	_____	_____	M F
_____	_____	_____	M F
_____	_____	_____	M F
_____	_____	_____	M F
_____	_____	_____	M F
_____	_____	_____	M F
_____	_____	_____	M F

What problems do you have with any of your housemates? _____

How are you disciplined when you do something you shouldn't? _____

How do you react to visitors coming into your home?

Humans _____

Other dogs _____

Other creatures (cats?) _____

How do you react to passer-bys, like the mailperson or girl scout? _____

Where do you tend to hang out when at home? _____

How do you behave when you're home alone and what do you do to keep yourself busy?

What is it like for you when your humans come home after being alone all day? _____



Have you stayed in a crate before, either at home or elsewhere, if so, how do you feel about it?

If boarding, are you allowed to stay overnight at the owners home? (Please circle) **Yes No**

Out and About (Behavior outside your home)

What type of collar works best for you and your parent? _____

Do you walk on the left side or right side of your parents? _____

Do you know any of the following commands, and if so, please describe?

- Hand Commands _____
- Bathroom Signal _____
- Quiet _____
- Sit _____
- Stay _____
- Down _____
- Off _____
- Stop Jumping _____
- Heal/Walk _____
- Drop _____
- Release _____

How do you let others know when you need to go to the potty? _____

How do you react to children...Do you like them, do they scare you, do you hate the little hairless ankle-biters? _____

What age groups and/or gender bothers you? (e.g. 2 year old squealing girls, or big hairy adult men) _____



What types of people make you uncomfortable, fearful or angry? _____

What types of dogs make you uncomfortable, fearful or angry? _____

What other types of animals make you uncomfortable, fearful or angry? _____

How do you react to puppies? _____

How do you react to cats? _____

How do others know when you're happy? _____

How do others know when you're stressed or concerned about a situation? _____

How do you react to dogs approaching you, when you're out in public and does it matter on the type of dog approaching you.

a) while you're on a lead _____

b) while you're off lead _____

How many times a week are you walked? _____ How long are your walks? _____

Have you ever growled at someone (specify human/dog/other) while you were outside your home/off your property, If yes, what provoked you to growl? _____

Have you ever bitten someone (specify human/dog/other) while you were outside your home/off your property, If yes, what provoked you to growl? _____



How do you handle playing with others? Do you share your toys or growl and/or bite? Do you steal others toys? _____

How are your table manners? Do you share your food or do you growl and/or bite? _____

Have you ever acted in a threatening manner to others (dogs or humans) either individually or in a group, please be specific (including, barking, snapping, snarling, bullying, staring, lunging, etc.)

Have you ever been trained or encouraged to bite, even as part of a dog sport (Schutzhund) _____

Do you like to run away, if yes what triggers it? _____

Do you have any of the following habits?

- Chewing things Chewing humans (fingers, feet, etc.) Chewing yourself
- Howling/Barking Digging Not minding your parents/caregivers (stubborn)

Do you suffer from OCD? Yes No

Are you frightened by noises? (please specify types, loudness, etc)

How do you react to thunder? _____

What else upsets you? _____

Have you had any formal training, if so, what type? _____



Out and About (The fun stuff)

Do you prefer to be with dogs or humans? _____

Do you have any gender preferences? _____

What kinds of toys most interest you? _____

What kinds of games do you play with other dogs and humans? _____

What are your favorite activities? _____

What tricks do you know? _____

Where are your favorite places to play (e.g., Loyola Park)? _____

Do you play with the other dogs? _____

How soon before you get tired and bored of playing with others and do you have signs that indicate when you're done playing? _____

Owner Information

Parent 1

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

Email Address _____ @ _____

Employer _____

Address _____

City _____ State _____ Zip Code _____ - _____

Work Phone () _____ - _____ Other () _____ - _____



Parent 2

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

Home Phone () _____ - _____ Other () _____ - _____

Email Address _____ @ _____

Employer _____

Work Phone () _____ - _____ Cell Phone () _____ - _____

Other Parents or Caregivers

Name _____ Phone () _____ - _____ Cell () _____ - _____

Name _____ Phone () _____ - _____ Cell () _____ - _____

Name _____ Phone () _____ - _____ Cell () _____ - _____

Emergency Information

Contact name _____

Relationship _____

Phone: () _____ - _____ Cell Phone () _____ - _____

Email Address _____ @ _____

Safety Password _____

In certain instances a secret safety password is used to identify and ensure the correct parent/caregiver is picking up one of our guests. Please be aware you or someone on the caregiver list may be asked to provide this password.

Thank you for your cooperation and attention to detail. This comprehensive questionnaire helps us best determine how both pet and parent will enjoy Bark Place.

I certify the information provided in this guest profile is true and accurate.

Parent Signature _____ Date _____