

# APPLEWOOD BOARDING KENNEL PET PROFILE FORM

Pet Name: \_\_\_\_\_

Does your pet respond to his/her name when called? Yes / No Pet housetrained? Yes / No

Does your pet suffer from stress due to separation anxiety when left alone? Yes / No

How? \_\_\_\_\_

What time does your pet get up and go to bed? \_\_\_\_\_

How does your pet react to strangers? \_\_\_\_\_

Has your pet ever bitten anyone? Yes / No What were the circumstances?

\_\_\_\_\_

Is your pet crate trained? Yes / No

Is your pet on a flea & tick preventative? Yes / No heartworm preventative? Yes / No

What brands? \_\_\_\_\_

Please list any medical problems, allergies, fears or health issues your pet has:

\_\_\_\_\_

Is your dog social (does your pet like other  
pets)? \_\_\_\_\_

What commands does your pet  
know? \_\_\_\_\_

Feeding instructions:

\_\_\_\_\_

Special instructions:

\_\_\_\_\_

If the above information was provided over the phone when reservations were made

Owner certifies information is accurate \_\_\_\_\_

Date \_\_\_\_\_