



Pet Behaviors

Each pet has this on file
UPDATE ANNUALLY

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Date: _____

Pet Name: _____ Owners Name: _____

Approx Age: _____ Has this pet been treated with Flea/Tick Prevention in the last 30 days? Yes No
Should fleas be found on your pet at any time during their stay, they will be treated at the owners expense.

Where did you get your pet? _____ Date Acquired: _____

If your dog is adopted, what do you know about their history? _____

Has your pet ever been boarded anywhere before? Yes No
How was their experience? Good Bad Other Please Specify: _____

Has your pet ever attended a daycare before? Yes No
How was their experience? Good Bad Other Please Specify: _____

Has your pet ever attended professional training classes? Yes No
How was their experience? Good Bad Other Please Specify: _____

What are some of your pets favorite things?

Play Ball	Long Walks	Window Watching	Kong/Chews
Play with other dogs	Belly Rubs	Cuddle Time	Sunbathing
Play with toys	Brushing	Sleeping	Lake/Pool
Other _____			

Where are your pets favorite petting spots? _____

When your pet has to go to the bathroom, he/she will...

Bark	Whine	Sit by the door	Pace near the door
Other _____			

Does your pet display any of the following?

Not house trained	Requires a harness for walking	Fear of thunder	Fence/Crate protective
Not crate trained	Leash aggression	Fear aggressive	Climbs/Jumps fences
Potty pad trained	Prone to stomach upset	Fear of loud sounds	Digs under fences
Uses a raised feeder	Separation anxiety	Fear of men / women / children	Scratches/Digs at doors
Excessive barking	Sensitive to touch	Escape artist	Destructive chewer
Mouthy / Talkative	Dislikes nail trims	Toy/Food possessive	Destroys stuffed toys
Slips easily on floors	Dislikes water/bathing	Other _____	

Does your pet have any activity or movement restrictions?

Yes No If yes, please explain: _____

Does your pet like children? Yes No

How does your dog behave around children? _____

Are there other animals in your household? Yes No

If yes, please list type, sex and age: _____

How does your dog get along with other resident animals? _____

Has your pet ever shared food or toys with other animals? Yes No

Has your pet played with other dogs? Yes No If yes, where: _____

How does your dog react to strangers coming into your home or yard? _____

Does your dog ever bark or growl at anyone passing outside your yard or home?

Yes No If yes, please explain: _____

Are there any kinds of people your pet automatically fears or dislikes?

Yes No If yes, please explain: _____

Are there any kinds of dogs your pet automatically fears or dislikes?

Yes No If yes, please explain: _____

How does your pet react to puppies? _____

Has your pet ever growled, snapped at or bitten a person or other animal? Yes No

If yes, please explain: _____

Has your dog ever eaten or ingested anything they should not have (toys, clothing, rocks, etc)?

Yes No If yes, please explain: _____

Did your pet need surgery? Yes No

What commands does your dog know? _____

Current medications?

Yes No If yes, please explain: _____

Allergies?

Yes No If yes, please explain: _____

Has your dog ever been asked to leave a Boarding / Daycare Facility?

Yes No If yes, please explain: _____

What are you looking to accomplish for you pet at Little Rascals? _____

Anything else we should know about your dog that you feel might be helpful? _____

Signature

Date