Little Rascals
Pet Spa & Resort

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Pet Behaviors

Each pet has this on file
UPDATE ANNUALLY

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 <u>people</u> your pet automatically fears or dislikes?

Yes ☐ No ☐ If yes, please explain: _____

Are there any kinds of <u>dogs</u> 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

Clear Entire Form **Email Completed Form**