



Villa La Paws, LLC

Pet Profile Information

Customer Name _____

Date _____

Pet #1

Pet Type _____ (Dog/Cat) Name _____ Gender _____ Birthdate _____

Pet Breed _____ Color/Markings _____

Spayed / Neutered Y N

Spayed / Neutered at what age _____

(Complete for Boarding Pets)

Pet #1 Food:

Brand: _____

Amount: _____

How Mixed: _____

Feeding Schedule: _____

Any Other: _____

Medications and instructions to administer: _____

Are Vaccinations Current: Yes No

If no, please explain: _____

Attitude toward strangers, **Circle all that apply:** Excited Friendly Aloof Cautious
Stressed Scared Defensive Mean Indifferent

Has your pet ever had any formal obedience training? Y N If yes, what type?

What commands does your pet respond to?

Hand commands? _____ Bathroom commands? _____

Play commands? _____ Quiet command? _____

Others? _____

Has this pet ever bitten anyone or acted aggressively towards anyone: Yes No If yes, please explain:

Does this pet have any sensitive areas on his/her body?

Do any restrictions need to be placed on your pet's activities (i.e. due to hip dysplasia)?

Will you allow your pet to rest on the furniture while he/she is at daycare? Y N

May we give your pet biscuits or treats while he/she is at daycare? Y N Only as provided by owner

What flea & tick prevention program is your pet on? _ Frequency? _____

Favorite places to go potty outdoors: _____

Favorite Places to hide from people: _____

Any contagious illnesses? Yes No If yes, provide details: _____

Physical Conditions or Problems to watch for: _____

Any Other Restrictions that we need to know about:

Pet #2

Pet Type _____ (Dog/Cat) Name _____ Gender _____ Birthdate _____

Pet Breed _____ Color/Markings _____

Spayed / Neutered Y N

Spayed / Neutered at what age _____

(Complete for Boarding Pets)

Pet #1 Food:

Brand: _____

Amount: _____

How Mixed: _____

Feeding Schedule: _____

Any Other: _____

Medications and instructions to administer:

Are Vaccinations Current: Yes No

If no, please explain: _____

Attitude toward strangers, **Circle all that apply:** Excited Friendly Aloof Cautious
Stressed Scared Defensive Mean Indifferent

Has your pet ever had any formal obedience training? Y N If yes, what type?

What commands does your pet respond to?

Hand commands? _____ Bathroom commands? _____

Play commands? _____ Quiet command? _____

Others? _____

Has this pet ever bitten anyone or acted aggressively towards anyone: Yes No If yes,
please explain:

Does this pet have any sensitive areas on his/her body?

Do any restrictions need to be placed on your pet's activities (i.e. due to hip dysplasia)?

Will you allow your pet to rest on the furniture while he/she is at daycare? Y N

May we give your pet biscuits or treats while he/she is at daycare? Y N Only as provided by owner

What flea & tick prevention program is your pet on? _ Frequency? _____

Favorite places to go potty outdoors: _____

Favorite Places to hide from people: _____

Any contagious illnesses? Yes No If yes, provide details: _____

Physical Conditions or Problems to watch for: _____

Any Other Restrictions that we need to know about:

Pet #3

Pet Type _____ (Dog/Cat) Name _____ Gender _____ Birthdate _____

Pet Breed _____ Color/Markings _____

Spayed / Neutered Y N

Spayed / Neutered at what age _____

(Complete for Boarding Pets)

Pet #1 Food:

Brand: _____

Amount: _____

How Mixed: _____

Feeding Schedule: _____

Any Other: _____

Medications and instructions to administer:

Are Vaccinations Current: Yes No

If no, please explain: _____

Attitude toward strangers, **Circle all that apply:** Excited Friendly Aloof Cautious
Stressed Scared Defensive Mean Indifferent

Has your pet ever had any formal obedience training? Y N If yes, what type?

What commands does your pet respond to?

Hand commands? _____ Bathroom commands? _____

Play commands? _____ Quiet command? _____

Others? _____

Has this pet ever bitten anyone or acted aggressively towards anyone: Yes No If yes, please explain:

Does this pet have any sensitive areas on his/her body?

Do any restrictions need to be placed on your pet's activities (i.e. due to hip dysplasia)?

Will you allow your pet to rest on the furniture while he/she is at daycare? Y N

May we give your pet biscuits or treats while he/she is at daycare? Y N Only as provided by owner

What flea & tick prevention program is your pet on? Frequency? _____

Favorite places to go potty outdoors: _____

Favorite Places to hide from people: _____

Any contagious illnesses? Yes No If yes, provide details: _____

Physical Conditions or Problems to watch for: _____

Any Other Restrictions that we need to know about:

We ask many questions in order to be able to protect your pets, and other client's pets. Specific information allows us to use extra care and to take any necessary preventative measures while providing for each of the pets in our care.

Notes & comments: _____

I certify that all of the above information is true and correct to the best of my knowledge, and that I will notify Villa La Paws of any changes to the above prior to the start of any Service Period.

Signature: _____ Date: _____