

CANINE PROFILE

Please complete a separate guest profile sheet for each pet that will receive Brookside Barkery & Bath Transportation and Grooming Services. Brookside Barkery & Bath will rely on the information that you provide in this profile to design and provide appropriate care for your pet during his or her experience with us.

*Owner Last Name: _____ First Name: _____
Pet Name: _____ Breed: _____ Color: _____
 Male Neutered Female Spayed Weight: _____ Age: _____
Birth Date: _____
*Phone: _____ Mobile: _____ Work: _____
*Street Address: _____
*City: _____ State: _____ Zip: _____
*Email: _____ Referred by: _____
*Emergency Contact: _____ Phone: _____ Relation: _____
*Emergency Contact: _____ Phone: _____ Relation: _____
*Veterinarian: _____ Clinic: _____ Phone: _____

Others authorized to pick-up my pet: _____

Does the Guest know the person(s) listed above well enough to feel safe if released to him/her? _____

***Owner information is only required for first family Guest.**

To ensure the safety of our Guests, a picture ID is required at Guest(s) departure.

Has your pet been picked up before? Yes No
If yes how did they do?

Does your pet exhibit any unusual behaviors? Yes No
If yes, please explain:

Has your pet received grooming services before? Yes No
If yes, were there ever any problems?

Does your pet have any old injuries/health concerns? Yes No
 Seizures Heart Condition Previous Surgery
 Head Trauma Arthritis Other
If any of the above are checked, please explain:

Does your pet have any current injuries/health concerns? Yes No
If yes, please explain:

Does your pet have any restrictions to activities or movements? Yes No
If yes, please explain:

Is your pet allergic to any products, medications, foods, or treats? Yes No
If yes, please explain:

Has your pet ever shown aggressive behaviors towards another person? Yes No
If yes, please explain:

Has your pet ever shown aggressive behaviors towards another animal? Yes No
If yes, please explain:

What heartworm preventative is your pet taking? _____ Date Last Given: _____
What flea/tick preventative is your pet taking? _____ Date Last Given: _____

Has your pet had any formal training? Yes No
If yes, please list commands:

Notable Behaviors – Indicating these behaviors helps to create an appropriate environment for your pet.

Please check off all that apply.

- House Trained Human Friendly
- Males Females Dog Friendly
- Spills Water Protective of food/toys/other pets Escape Artist Jumps Eats Feces
- Chewer Eats/Swallows toys or other objects that may cause choking

Other Notable Behaviors: _____

Feeding Instructions – Please list desired meal time:

Number of Feedings a day: Once Twice Three times

Dry food brand name: _____ Amount per feeding: _____

Canned food brand name: _____ Amount per feeding: _____

Treats brand name: _____ Other: _____

- My pet likes to free feed / graze
- My pet will eat the house selection of food provided.
- Please separate my pet friend(s) from each other for feedings.
- My pet has special feeding requirements and I have provided all ingredients with written instructions.

If pet is a finicky eater, may Brookside Barkery & Bath supplement pet's food with these additions as enticement?

Canned food Chicken broth

Other: _____

Medications

My pet needs the following medications.

Medication Name:

Dosage Frequency Condition Being Treated:

All medications must be provided by the Owner/Guardian in the original prescription container, properly labeled with written instructions including Guest's name, type of medication, dosage and schedule with no handwritten changes. At Owner/Guardian's request, Brookside Barkery & Bath will give the Guest over-the-counter supple

Veterinary Emergencies

In the event of a veterinary emergency involving my pet, I understand that Brookside Barkery & Bath will attempt to reach me using the contact information I have supplied. In the event that Brookside Barkery & Bath is unable to reach me immediately using the contact information that I have provided, I understand that Brookside Barkery & Bath will attempt to contact the person(s) I have designated as emergency contacts using the contact information that I have provided for them and I hereby represent that Brookside Barkery & Bath may rely on their directions regarding my pet.

In the event that Brookside Barkery & Bath is unable to reach either me or my emergency contacts immediately using the information that I have provided, I authorize Brookside Barkery & Bath to make decisions regarding veterinary care for my pet. I further agree that I am responsible for all costs of such care up to the limit established below.

- I choose unlimited expenses for veterinary care for my pet.
- I choose to limit expenses for veterinary care for my pet to a total amount of \$_____

Additional Requests:

Signature: _____ Date: _____

Printed Name: _____

Guest Name: _____

As your pet's condition and behavior may change over time, Brookside Barkery & Bath relies on you to keep this profile up to date for each dog or cat that is a repeated client at Brookside Barkery & Bath.