



Paws & Claws
BLDG 978 Critter Pathway
Fort Irwin, CA 92310
(760) 380-7387



Pet Profile

Pet Name: _____ Breed: _____ Age: _____

Pet Gender: M / F (circle one) Spayed/Neutered: No / Yes (circle one) Weight: _____

Pet's Behavior (circle all that apply)

Chewer Licker Jumper Escape Artist Talker Barker Runner Puller Screamer Crier Bully
Mouthy Nervous Nelly Digger Beggar Shaker Best with People Shy Party Animal Scratcher
Social Butterfly Biter Playful Outgoing Lover Marker Anxious Fear Destructive Sissy
Drama Queen Opinionated Teacher's Pet Couch Potato Hyper Cuddle Bug Independent
Finicky Eater Always Ready to Eat Food Hound Picky

Other _____

Can pet jump or climb a 6-foot fence? Yes / No - If yes, how high? _____

What percentage of the day does pet usually spend: Indoors _____% Outdoors _____%

Is pet housebroken or crate trained? _____

Has pet been to a boarding facility before? _____

What does pet like or dislike? _____

Does he/she play well with others? _____

Has pet ever received formal training? _____

Does pet know any tricks or commands? _____

Is there any type of person, breed, size of dog, shape, sex, etc. pet does not get along with?

How does pet react to strangers? _____

Is there something(s) that frightens them? _____

Are there any areas of the pet's body that they don't like to be touched? Y / N If yes, where?

Has your pet ever bitten another person or animal before? Y / N If yes, please explain what happened?

Anything else that we should know about the pet? _____

Feeding:

Morning Quantity: _____ Special instructions: _____

Noon Quantity: _____ Special instructions: _____

Evening Quantity: _____ Special instructions: _____

Other: _____

Allergies/Medication:

Does the pet have any allergies? No / Yes (Circle one) If yes, please list them:

Has the pet been treated for any illness in the last 30 days? No / Yes (Circle one)

If yes, please describe:

Does the pet have any physical restrictions? No / Yes (circle one) If yes, please list them:

Does the pet have any medical conditions? No / Yes (Circle one) If yes, please describe:

Does the pet have any dietary restrictions? No / Yes (Circle one) If yes, please list them:

Please provide us with the Vet Clinic and Phone number:

Vet Clinic: _____

Phone Number: _____

Medicine:**No injection medications**

If the pet is on any regular medications, please list them below:

Name: _____ Dose: _____ Time: _____

Name: _____ Dose: _____ Time: _____

Name: _____ Dose: _____ Time: _____

Please CHECK box if medication needs to be refrigerated: ☐

Please provide us with method of giving medications, as we do not provide that here. (i.e. peanut butter, pill pockets)

Allergies:

Cause: _____ Effect: _____ Treatment: _____

Cause: _____ Effect: _____ Treatment: _____

Cause: _____ Effect: _____ Treatment: _____