



# Pet Profile *(Please complete one profile per pet)*

Today's Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Canine  Feline  Sex  Spayed/Neutered

Weight \_\_\_\_\_ Color \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Vet Clinic Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## REQUIRED CURRENT VACCINATIONS

*For the safety and well being of both pets and staff each guest's owner must submit proof of required vaccinations prior to becoming a client at the Pet Hotel Hadley. There are no exceptions.*

|                |              |                          |                |           |                          |
|----------------|--------------|--------------------------|----------------|-----------|--------------------------|
| <b>CANINE:</b> | DISTEMPER    | <input type="checkbox"/> | <b>FELINE:</b> | DISTEMPER | <input type="checkbox"/> |
|                | KENNEL COUGH | <input type="checkbox"/> |                | RABIES    | <input type="checkbox"/> |
|                | RABIES       | <input type="checkbox"/> |                |           |                          |
|                | FECAL EXAM   | <input type="checkbox"/> |                |           |                          |

*Kennel Cough vaccine must be given 7-10 days prior to hotel stay if not up to date.*

*Fecal exam update is highly recommended to ensure your pet is parasite free.*

**I authorize Pet Hotel Hadley to contact my veterinarian to verify vaccinations/medical history?** YES  NO

## PET PERSONALITY QUESTIONS

Has your pet ever boarded or experienced daycare before? YES  NO  If yes, was it a good experience? YES  NO

If no, did you have reasons/problems? \_\_\_\_\_

Is your pet prone to getting kennel cough in boarding/daycare? YES  NO

Does your pet chew or eat inappropriate things? YES  NO

If so, what? \_\_\_\_\_

**DO YOU CONSIDER YOUR PET COMMONLY AGGRESSIVE TOWARDS PEOPLE OR OTHER PETS?** YES  NO

Has your pet ever bitten a person, dog or animal? YES  NO  Did something trigger this action? YES  NO

If yes, please explain. \_\_\_\_\_

Which best describes your pet? Loves playing with others  Loves to relax, sleep and eat  Protective of food, toys, leashes, space

Has your pet recently or chronically suffered from any of the following?

Urinary Tract Infections  Respiratory Issues  Seizures  Lameness/Limping  Other

Please explain: \_\_\_\_\_

## THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Pet Hotel Hadley Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_