



PET GUEST PROFILE

Please take a few minutes to complete this profile for your Pet, **one per Pet** please. This will help us understand your Pet's background, personality and special needs so we can make their stay at The Barkwood Inn as safe and comfortable as possible. Thank you for your time and cooperation.

Clients Name: _____

Pet Guest Information

Pet's Name _____ Canine _____ Feline _____ Color _____
Sex _____ Spayed/Neutered? _____ Breed _____ Weight _____ DOB or Age _____

For the safety and well being of both Pets and Resort Staff, we require that each Pet Guest's owner submit **written proof** of required vaccinations prior to becoming a Daycare or Overnight Guest of the Barkwood Inn Pet Resort. Minimum age to become a Guest is 16 weeks (4 months). Canine Guests older than 6 months of age must be spayed or neutered to participate in Daycamp.

Required Current Vaccinations : Canine: DHLPP, Bordetella, Rabies, Fecal exam Feline: FVRCP, Rabies

Written proof of vaccines attached? Yes No

Vet Clinic Name _____ Vet's Name _____
Clinic _____
Street Address _____ City _____ State _____ Phone # _____

Do we have your permission to contact your veterinarian to verify vaccinations/medical history? Yes No

Is your Pet crate trained? Yes No Does your Pet chew inappropriately (furniture, socks, etc.)? Yes No

Is your Pet frightened of thunderstorms/loud noises? Yes No If yes, please describe what happens and how to sooth Pet's fear. _____

Does your Pet engage in any unusual or repetitive behaviors? Yes No If yes, please explain _____

Has your Pet ever bitten a person? Yes No Has your Pet ever bitten another Pet? Yes No

Are there any particular types of people your Pet seems to fear or dislike? Yes No If yes, please explain _____

Is your Pet an escape artist? Yes No Does your Pet have any sensitive areas on his/her body? Yes No If yes, where? _____

Please check if your Pet has a history of the following: urinary tract infections eye infections ear infections lameness/limping
 skin problems respiratory problems seizures other _____

Does your Pet have allergies? Yes No If yes, please describe _____

Does your Pet have any bathroom related issues or concerns? Yes No If yes, please explain _____

Does your Pet have any physical disabilities? Yes No If yes, please describe the disability and any instructions for physical restrictions you would like us to follow. _____

Dog Owners Only

Does your dog play with other dogs? Yes No If yes, please describe size, breed, and temperament of the other dogs _____

Is your dog protective of his/her food or toys? Yes No Is your dog a fence climber/jumper? Yes No

Is your dog a digger? Yes No

The above information is correct to the best of my knowledge.

Owner's Signature: _____ Date: _____