



Hill Country Pet Resort
13412 Fitzhugh Rd.
Austin, Texas 78736
Phone: 512-394-9386 Email:
hcpetresort@yahoo.com

DOG'S PROFILE FORM

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Please list those whom are authorized to pick up your dog:

1.) Name: _____ Relationship: _____

2.) Name: _____ Relationship: _____

Veterinarian:

Clinic Name: _____ Address: _____

Telephone Number: _____

How did you hear about us? _____

PET GUEST INFORMATION

Dog's Name: _____ Primary Breed: _____

Weight: _____ Color: _____ Age/Birthdate: _____

Check where appropriate:

Male Female Spayed Neutered Unaltered

Has your dog ever attended a daycare or boarding facility in the past? Yes No

Has your dog ever been to a dog park? Yes No

Does your dog have a basic understanding of commands (sit, stay, down, etc.)? Yes No

Is your dog housebroken? Yes No Paper Trained

Is your dog crate trained? Yes No



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MEDICAL HISTORY

Is your dog currently taking any medications? Yes No

**NOTE: IF YOU CHECKED YES, YOU WILL NEED TO FILL OUT AND SIGN A
MEDICATION ADMINISTRATION FORM FOR EACH PET**

Has your dog been ill in the last 30 days? Yes No

Is your dog displaying any symptoms such as coughing, sneezing, or upset stomach? Yes No

Does your dog have any previous or current injuries, physical problems or health concerns, including allergies? Yes No If yes, please explain _____

Does your dog have any physical restrictions while playing, or sensitive area on the body? Yes No

If yes, please explain: _____

VACCINATION RECORDS

Please list the current expiration dates for the following vaccinations: (front desk may complete once they've received proof of current vaccinations).

Rabies _____ DHLPP _____ Bordetella _____ CIV _____

Is your dog currently on a flea preventative medication? Yes No

If Hill Country Pet Resort finds evidence of ticks or fleas, treatment will be provided at owner's expense.

PERSONALITY

Please check all answers that describes your dog's personality:

- Outgoing Timid Affectionate Reserved Protective Feisty Friendly Obedient
 Aggressive Independent Playful Confident Submissive Clingy Gentle

Please check all answers that describe your dog's attributes:

- Biter Climbs fences Howls Active chewer Barks excessively Likes to herd Low activity level Toy aggressive Food/treat aggressive Separation anxiety Excessive marking
 Excessive mounting Coprophagia (Eats feces) Other: _____



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Has your dog ever bitten a person or another dog? Yes No

If yes, please explain: _____

Please check all that apply when describing situations where your dog may become unfriendly:

- Grabbing collar Being removed from furniture Meeting strangers Meeting other dogs
- Being hugged Being brushed Being touched while sleeping Being touched on the ears
- Being touched on the paws Being touched on the mouth Being touched on the tail Being touched on the lower back Around women Around men Around children

Other: _____

Has your dog displayed any of the following reactions? (Please check all that apply):

- Will bite May bite Growls Snaps Shows teeth Trembles freezes Moves away

Your dog plays best with: No Dogs Big Dogs Little Dogs Older Dogs Puppies

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Signature of Owner: _____ Date: _____