



Raintree Pet Resort + Medical Center

8215 E Raintree Dr
Scottsdale, AZ 85260-2515
480-991-3371
<http://www.raintreepet.com/>



Pet Name:

Pet Profile

Date:

Pet Owner's Name:

Emergency Phone Number:

Breed:

Gender/Spayed/Neutered:

When was your dog spayed/neutered? (Date or Age)

Birthdate/Age:

How long have you owned your dog?

Did you own your dog as a puppy?

Where did you get your dog?

If rescued, do you know any history?

Do you have any other pets? Yes/No

Breed	Age	Gender/Spayed/Neutered
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Does your dog get along with all family pets?

Is your dog allowed to have treats while at "recess"?

Does your dog have any physical concerns that we should know about? If yes, please explain.

Does your dogs have any sensitive areas we should be aware of? If yes, please explain.

Does your dog have any favorite "scratch"spots?

Does your dog regularly socialize with other dogs? If so, where?

Are there any dog breeds that your dog does not automatically like?

What kind of toys does your dog like?

Has your dog snapped or growled over food or toys?

How does your dog respond to strangers?
On walks? At home?

In **ANY** situation, has your dog ever bitten/been aggressive towards another dog? If yes, please explain.

In **ANY** situation, has your dog ever been aggressive toward or bitten a person? If yes, please explain.

Is your dog frightened by any noises, people, actions, etc.?

Does your dog have any special commands you should like us to use?

Client/Owner's Signature: