



### Parent Profile

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

Primary Phone #: \_\_\_\_\_

Secondary #: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Person (other than above): \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

Vet Clinic \_\_\_\_\_

### Pet Profile

NAME \_\_\_\_\_

Dog/Cat

Breed \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Gender: Male/Female

Spayed/Neutered? Y/N

Food Brand/Type: \_\_\_\_\_

Where did you get your pet and how long has she/he been in your family? \_\_\_\_\_

Do you have any knowledge of your pet's past history if adopted? \_\_\_\_\_

Do you use a crate? Y/N

Is your dog obedience trained? Y/N Level of Training: \_\_\_\_\_

Has your dog ever climbed or jumped a fence? Y/N If yes, how high? \_\_\_\_\_

Rover's Fences are 6ft. Please indicate here if you would like your pet walked on a leash \_\_\_\_\_

Has your dog ever growled or snapped threateningly at another dog or human? Y/N

If yes, explain circumstances: \_\_\_\_\_

Has your dog ever bitten another dog or human? Y/N

Does your dog play with other dogs on a regular basis? Y/N

Does your dog play nicely? Y/N Comments: \_\_\_\_\_

Does your dog prefer to play with certain sexes or sizes of dogs? Y/N If yes, which? \_\_\_\_\_

Is your pet on a monthly flea treatment? Y/N If no, how do you treat for fleas? \_\_\_\_\_

Has your pet been diagnosed with any current medical condition? Y/N

If yes, please describe and state whether it is contagious \_\_\_\_\_

Is your pet scared of any specific items or noises (e.g. thunder?) Y/N \_\_\_\_\_

Other comments about your dog that you feel may be helpful: \_\_\_\_\_

\_\_\_\_\_