



Enrollment Application: (2) Guest Profile

Please complete a separate form for each pet.

Guest Information:

Pet Name: _____
Primary Breed: _____ Color: _____ Sex: Male Female
Date of Birth: _____ Age: _____ Weight: _____ (under 30lbs) Shoulder Height: _____ (under 15")
Is your dog spayed/neutered? (Dogs over 6 months old are required to be spayed/neutered.) Yes No

Diet (for overnight stays):

Would you like to bring your dog's food to the Puppy Lounge for overnight stays? Yes No
Quantity of Food at Each Feeding: _____ Feeding Times: Morning Afternoon Evening
Type of Food: Wet Dry Mixed Brand(s) of Food: _____
Additional Feeding Instructions: _____

Medical:

Does your pet have Medication Requirements? Yes (must fill out Medication Release Form) No
Type of medication: _____ Reason for medication: _____
Dosage of medication per administration: _____ Administration Times: Morning Afternoon Evening
Does your dog have any allergies or need special care? If yes, please describe: _____

Has your dog been out of Utah in the past 2 weeks? Yes No Location: _____ Dates: _____
Has your dog been diagnosed with Canine Influenza in the past 2 months? Yes No
Has your dog had kennel cough or cough like symptoms in the past month (If yes, please notify us immediately): Yes / No
Does your dog have any old or current injuries or health concerns? _____

I certify that my pet is healthy and has not had any communicable disease in the past 30 days. (Please Initial) _____

Behavior:

Where did you get your dog? _____
Do you have any knowledge of your dog's past history? _____

Please circle all characteristics that describe your dog's personality: *Outgoing / Verbally Sensitive / Timid / Affectionate / Pushy / Independent / Reserved / Confident / Submissive / Clingy / Excitable / Playful / Gentle / Mouthy / Other* _____
Please describe your dog's activity level: *Low / Medium / High*
Please circle all situations where your dog may become unfriendly: *Grabbing collar / Hugging / Removing from Furniture / Touching while sleeping / Touching ears, paws, mouth, tail / Being around other dogs / None / Other* _____
What is your dog's favorite game, activity and petting spots? _____
Does your dog play with other dogs? Yes No
What are some commands your dog knows (i.e. "sit, go potty" etc.): _____
Can your dog climb chain-link? Yes No
Can your dog jump over gates that are 3 feet tall? Yes No If yes, how high can your dog jump? _____