

Peninsula Pups Doggie Daycare, Inc.

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PeninsulaPupsDoggieDaycare.com

Pet Profile

Owner's First Name: _____ Owner's Last Name: _____

Primary Phone: _____ Email Address: _____

Dog's Name: _____ Breed: _____ DOB: _____ Sex: _____

Is your dog spayed/neutered? _____ Dog License # _____

Please note that dogs over the age of six months must be spayed or neutered to be enrolled in daycare.

How did you hear about us? _____

Please answer all questions thoroughly. All dogs will undergo a professional temperament test and must pass before being accepted into daycare.

Why have you chosen daycare for your dog? _____

How long have you had your dog? _____ Where did you get your dog? _____

If adopted, what knowledge do you have of your dog's history? _____

Has your dog had any obedience training? Yes No With whom? _____

What commands does your dog know? _____

Does your dog have any past injuries or current conditions? Yes No

Please list: _____

Does your dog have any allergies? Yes No

Please list: _____

Does your dog have any health problems that require special attention? Yes No

Please list: _____

Does your dog need to receive medication while at the daycare? Yes No

Type: _____ Amount: _____ Frequency: _____

Reason: _____

Does your dog require lunch while at the daycare? Yes No

If yes, please bring exact portion in a plastic container (no zip lock bags please) labeled with your dog's name. There is an additional fee for this service. Special feeding instructions:

May we give your dog treats while he/she is at the daycare? Yes No

Is there anything that your dog should not have? _____

How would you describe your dog's overall personality? (Calm, high-energy, timid, outgoing, etc.) _____

Has your dog ever bitten or harmed another dog? Yes No

How many times? _____ Severity? Bruising Break Skin Stitches

Please explain circumstances: _____

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

How many times? _____ Severity? Bruising Break Skin Stitches

Please explain circumstances: _____

How does your dog behave at the vet's office?

Indifferent Calm Excited Afraid Shaking Panting Whining Growling

Other: _____

How often is your dog around other dogs outside of your household?

Never Daily Weekly Occasionally For how long? _____minutes _____hours

How does your dog behave when meeting new dogs? _____

Does your dog prefer to play with any specific breed or size of dog? Does he/she prefer males or females? _____

Has your dog previously been to a daycare or dog park? Yes No

How was the experience? _____

Do you have other dogs in your household? Yes No

What breed(s), age(s), and are there any issues between the dogs? _____

Is there any person, type of dog or situation that your dog has problems with? Yes No

Please explain: _____

Is your dog aggressive on leash? (Important for potty breaks and pick-up/drop-off) Yes No

Does your dog have problems in any of the following areas?

Barking Eating feces Eating foreign objects Escaping Food aggression

Mouthing/Nipping Overly protective Separation anxiety Toy aggression

Other: _____

Please list any areas on your dog's body where he/she does not like to be touched:

Does your dog have a strong prey drive? Yes No

Has your dog ever shown aggression towards small dogs? Yes No

Has your dog ever shown aggression towards large dogs? Yes No

Does your dog mount other dogs? Yes No

Does your dog prefer to be off on his/her own? Yes No

Has your dog ever shown aggression towards adults or children? Yes No

Does your dog bark when he/she plays? Yes No

Is your dog destructive to toys and other objects? Yes No

Is your dog house broken? Yes No

Does your dog jump or climb fences? Yes No

If yes, how high? _____

Is there anything else we need to know in order to ensure a safe and happy experience for your dog (please continue on other side if necessary)? _____
