



Sweet Magnolia's Pet Resort & Spa
417 West Klein Rd
New Braunfels, TX 78130
T (830) 481-8586
SweetMagnoliasPetResort@gmail.com

DOG 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 pet:

1.) Name: _____ Relationship: _____

2.) Name: _____ Relationship: _____

Veterinarian:

Clinic Name: _____ Address: _____

Telephone Number: _____

How did you hear about us? _____

PET GUEST INFORMATION

Pet's Name: _____ Primary Breed: _____

Weight: _____ Color: _____ Age/Birthdate: _____

Circle where appropriate: Male Female Spayed Neutered Unaltered

Is your dog indoor potty trained? Y / N

VACCINATION RECORDS

Please list the current expiration dates for the following vaccinations:

Rabies: _____ DHLPP: _____

Bordetella: _____

MEDICAL HISTORY

Is your pet currently taking any medications? Y / N

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

Has your pet been ill in the last 30 days? Y / N

Does your pet have any previous or current injuries, physical problems or health concerns, including allergies?

Y / N If yes, please explain: _____

Does your pet have any physical restrictions while playing, or sensitive areas on the body? Y / N

If yes, please explain: _____

PERSONALITY

Please circle all answers that describe your pet's personality:

Friendly Outgoing Timid Feisty Independent Playful Submissive Affectionate

Other: _____

Please circle all answers that describe your pet's attributes:

Jumps up Bark's Excessively Fears Noises Separation Anxiety Whimpers/Whines Excessively

Highly Active Mildly Active Highly Active Other: _____

Has your dog been boarded, to daycare, and/or play parks before? Y / N _____

Does your dog play well with other dogs? Y / N Approval for group play with other dogs? Y / N

Is your dog afraid of any specific types of people, items, or noises? _____

Is he/she protective or aggressive over food and/or toys? _____

Normal feeding schedule for your dog? _____

Has your dog ever bitten anyone? Y / N Has your dog ever climbed/jumped fence? Y / N

Any other comments or suggestions to help use better care for your dog? _____

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 cat subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Client Signature: _____

Date: _____