

(please print and complete form and bring it when you check in)
Park City Pet Resort Guest Profile (Dog)

***Please Complete This Form Entirely**

Owner's Name: _____ Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Name of Dog: _____ Breed: _____

Weight: _____ Color: _____

Birth Date: _____ Microchip # (if available) _____

Dogs Sex: _____ Spayed _____ Neutered _____

Please list the current expiration dates for the following vaccinations (required)

Rabies _____ DHPP _____ Bordatella _____

Please describe any medical or physical problems, including allergies:

Is your dog housebroken Yes No

How active is your dog? Low / Average / High

Has your dog been ill in the last 30 days? Yes No

If yes, please explain:

Has your dog had surgery in the past year or any chronic health problems? Yes No

If yes, please explain:

Has your dog ever attended daycare or been boarded in a cage-free environment? Yes No

If yes, which kennel and was it a positive experience?

Does your dog go to the dog park? Yes No

Has your dog ever exhibited aggressive behavior towards people or other dogs? Yes No

If yes, please explain:

Has your dog ever been injured as a result of being at the dog park, dog daycare or playing with another dog? Yes No

If Yes, Please explain:

How do you discipline/correct your pet?

Is your Dog a fence jumper, climber or escape artist? Yes No

If Yes, Please explain:

Brand of food _____ How much per feeding _____ How Often _____

Circle your dog’s eating habits:

Eats all food at mealtime

Nibbles throughout day

Goes for periods without eating

Sometimes requires more palatable food to be mixed in to eat

Special Feeding Preparations: _____

Does your dog eat or chew on his bedding? Yes No

Please list any special care or boarding requests for your dog:

Veterinarian’s Name: _____ Phone: _____

Address: _____ City: _____

Authorized Veterinary Urgent Care Spending Limit: \$ _____

Emergency Contact (other than owner):

Name: _____ Phone: _____

If, in our judgment, your dog requires immediate medical care and we are unable to reach you, we will take your dog to Park City Animal Clinic.

By signing below, you confirm that the above is correct to the best of your knowledge, and that you will provide further information upon future visits.

Signature _____ Date _____