

Owner's Name(s):

Pet's Name:

Breed: _____ Color: _____ Date Of Birth: _____

Sex? Female Male Spayed/Neutered? yes no

1. **Food** Type: Use UPR's food I brought my own food

Instructions: _____

2. **Medication**- Please request a Medication Form

3. **Medical History** Your pet's vet? _____ Date of last visit? _____

Are you aware of any health problems or physical pain your pet may be experiencing?

yes no If yes, please describe

4. **Personality Profile**

Does your dog have any sensitive areas on his/her body?

Does your pet jump or climb fences? yes no Does your dog dig or chew? yes no

How old was your pet when he/she was spayed/neutered? _____

Under what circumstances has your dog interacted with other dogs?

Has your dog ever displayed aggression towards a person/other dog? yes no

If yes, what were the circumstances?

Are there any kinds of people or dogs your dog automatically fears or dislikes? yes no

If yes, please describe:

If you have questions or concerns please let us know.

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